

Oral Health Needs Assessment in South Gloucestershire 2026

Table of Contents

Title and Publication year	1
Acknowledgements	3
Table of Figures	3
Table of Tables	4
Table of Acronyms	5
Executive Summary	6
Aims and Objectives	14
Introduction	
Why oral health is a priority	14
South Gloucestershire population	15
Who is at risk	16
Children and Young People	
National Dental Epidemiology Programme Survey	18
Online Pupil Survey	24
Hospital admissions and tooth extractions	26
Adults and Older Adults	31
At Risk Population groups	
People with Learning Difficulties	34
Looked after children and care leavers	36
Gypsy, Roma Traveller populations	38
Homelessness	39
Prison Population	40
Dental Anxiety and Phobia	40
Refugees and Asylum Seekers	40
Risk Factors that Affect Oral Health	
Smoking	41
Substance Use	42
Oral Cancers	43
HPV	43
Food and Diet	43
Poverty	44
Access to Dentistry	46
Strategic Context and Local Policy	48
Current interventions	49
Key Findings and Recommendations	51
Relevant Literature	56
References	57

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Table of Figures

Figure 1	Infographic detailing the consequences of poor oral health in children
Figure 2	Chart showing South Gloucestershire Population by Ethnicity, 2021
Figure 3	Results of caries surveys of 12 year olds in England from National Child Health Surveys and NHS DEP surveys over 6 time periods
Figure 4	NHS Core 20 Plus 5: Reducing Healthcare Inequalities for Children and Young People
Figure 5	Prevalence of experience of dental decay in 3 year olds in England, 2020 by National Index of Multiple Deprivation (IMD) 2019 quintiles
Figure 6	Prevalence of experience of dental decay in 3 year olds in England by ethnic group, 2020
Figure 7	Percentage of 5 years olds with experience of visually obvious dental decay for South Gloucestershire
Figure 8	Inequality in the prevalence of dentinal decay in 5 year old school children in England, 2008 to 2024
Figure 9	Percentage of 5 year olds with experience of visually obvious tooth decay (proportion %)
Figure 10	Prevalence of experience of dentinal decay in 5 year old school children by ethnic group, 2024, in England
Figure 11	Prevalence of experience of dentinal decay in 5 year old school children by ethnic group within the most and least deprived quintiles, 2024
Figure 12	Prevalence of experience of dental decay in year 6 school children in England 2023 by national IMD quintiles
Figure 13	South Gloucestershire pupils (N = 11948) responses to the question: How often do you brush your teeth? (OPS Data)
Figure 14	% of pupils, by educational stage, reporting that they brushed their teeth two or more times a day when asked: How often do you brush your teeth? (OPS Data)
Figure 15	% of pupils, by educational stage, reporting that they had never been to a dentist when asked: When did you last go the dentist? (OPS Data)
Figure 16	% of pupils eligible for free school meals reporting that they had never been to the dentist when asked: When did you last go the dentist? (OPS Data)
Figure 17	Rate of tooth extractions among 0-18 year olds in England by deprivation per 100,000
Figure 18	Tooth extractions in hospital for 0-19 year olds during 2023 to 2024, all diagnoses
Figure 19	Percentage of tooth extractions with K020 as the primary diagnosis code
Figure 20	Crude rate of tooth extractions due to caries in 0-5 year olds, South Gloucestershire, including and excluding K020 diagnostic code.

Figure 21	Crude rate of tooth extractions due to caries in 6-10 year olds, South Gloucestershire, including and excluding K020 diagnostic code.
Figure 22	Crude rate of hospital admissions for dental extractions due to dental caries by deprivation, 6-10 year olds, 3 year pooled rates
Figure 23	Crude rate of hospital admissions per 100,000 for dental extractions due to dental caries by deprivation, South Gloucestershire 6-10 year olds, 3 year pooled rates
Figure 24	Rate of hospital admissions for tooth extractions due to decay, ward deprivation, 0-10s, 2029, 2020, 2021, 2022 & 2023 pooled
Figure 25	Learning disability: QOF prevalence (All ages) for South Gloucestershire
Figure 26	Prevalence of caries among 5 year old children attending special support schools and DPHEP survey 2012 results by IMD
Figure 27	Prevalence of caries among 12 year old children attending special support schools and DPHEP survey 2009 results by IMD
Figure 28	Looked after children rate by 10,000
Figure 29	Children looked after who received dental checks (%)
Figure 30	Prevalence of experience of dentinal decay in 5 year old school children, 2024 within the White ethnic group, 2024
Figure 31	Homelessness: households owed a duty under the Homelessness Reduction Act for South Gloucestershire
Figure 32	Children looked after who are unaccompanied Asylum Seeking children %
Figure 33	Smoking Prevalence in adults (aged 18 and over) – current smoker (APS) (1 year range) for South Gloucestershire
Figure 34	Oral Cancer registrations in South Gloucestershire 2007 - 2019
Figure 35	Oral Cancer mortality (all ages) in South Gloucestershire 2008-2022
Figure 36	Percentage of adults meeting the '5 a day fruit and vegetable' recommendations
Figure 37	Percentage of all pupils known to be eligible for free school meals 2015/16 to 2024/25
Figure 38	Map of the 28 South Gloucestershire wards with dental practice locations
Figure 39	Percentage of the South Gloucestershire Population seen by an NHS dentist between April 2024 and March 2025 broken down by ward of residence
Figure 40	Percentage of child population seen by an NHS dentist (including orthodontist) between April 2023 and March 2024 broken down by age and contract location, comparing South Gloucestershire and South West
Figure 41	BNSSG Integrated Care system – Oral Health and Dental Strategy 2024-2027 summary
Figure 42	Public Health England: Return on investment of oral health improvement programmes for 0-5 year olds

Table of Tables

Table 1	National Dental Epidemiology Programme surveys
Table 2	Dental health data available by protected characteristic
Table 3	Percentage of looked after children having dental check, immunisations up to date and health check (2025)
Table 4	Number of unaccompanied children seeking asylum, by area, by year

Table of Acronyms

PHE	Public Health England
NHS	National Health Service
BNSSG ICB	Bristol, North Somerset and South Gloucestershire Integrated Care Board
BNSSG	Bristol, North Somerset and South Gloucestershire
ICB	Integrated Care Board
LSOA's	Lower Super Output Areas
NDEP	National Dental Epidemiology Programme
OPS	Online Pupil Survey
MCHLG	Ministry of Housing, Communities and Local Government
FDS	First Dental Steps
STB	Supervised Toothbrushing
DHSC	Department of Health and Social Care
NICE	National Institute for Clinical health and Excellence
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
IMD	Indices of Multiple Deprivation
HES	Hospital Episode Statistics
CDS	Community Dental Services
ADHS	Adult Dental Health Survey
AGW	Avon, Gloucestershire, and Wiltshire
HPV	Human Papilloma Virus
NCMP	National Child Measurement Programme
IDACI	Income Deprivation Affecting Children Index
IDAOPi	Income Deprivation Affecting Older People Index
UHBW	United Hospitals Bristol and Weston
SEND	Special Educational Needs and Disabilities

Executive Summary

Introduction

Good oral health is an important part of general health. Poor oral health can affect an individual's ability to eat, drink, and speak, cause problems with sleeping and socialising, as well as lead to tooth decay, bad breath, pain, tooth loss, and time away from work or schooling.

In 2021, Public Health England (PHE) published *Inequalities in oral health*, stating that some of the steps needed to improve oral health are reduce sugar intake, tooth brushing, and access to the protective effects of fluoride.

A national ambition is for all children to have the best start in life including growing up free of tooth decay. Although tooth decay in children has decreased, thought to be attributable to the introduction of fluoride toothpaste, improving children's oral health remains a national priority. National Health Service (NHS) Core 20 Plus 5 includes oral health as a key clinical area of health inequality and an area of focus for improvement for children and young people.

Dental care is commissioned by Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) and provided by urgent, community and domiciliary dental care services, general dental practices, hospital-based dental specialties, and university dental schools. Under the Health and Social Care Act (2012) Local Authorities are statutorily responsible for oral health improvement. The BNSSG Oral Health and Dental Strategy 2024-2027 sets out aims and objectives of promoting good oral health, reducing inequalities in oral health, improving access to dentistry and workforce development and retention.

Scope

This rapid needs assessment aims to develop a comprehensive understanding of the current oral health landscape, including strengths, needs and opportunities within South Gloucestershire. For many health related outcomes, the population of South Gloucestershire tend to experience better results than the national average. However, that is not the case for everybody; inequalities exist and many are widening due to challenges linked to financial insecurity, differences in access to transport and services and climate change. As well as individual inequalities which are experienced across South Gloucestershire, there are areas of deprivation, with the most deprived Lower Super Output areas (LSOAs) generally being clustered within the urban areas. The inequalities experienced by residents and communities can be hidden. We need to better understand the population and identify where the need and vulnerabilities lie in order to support and address them.

National and regional literature indicates that some population groups have poorer oral health and oral health outcomes, including but not limited to homeless people, prisoners, traveller community, looked after children, adults in care homes, people with learning disabilities, migrant workers, refugees and asylum seekers, medically compromised and those with dental anxiety and phobias. There are also established links between dental decay and deprivation.

Key Findings

The National Dental Epidemiology Programme (NDEP) oral health surveys indicate that the experience of dental decay among children in South Gloucestershire is generally lower than the national average. However, for certain age groups the number of teeth affected by dental decay is similar, indicating a similar burden of disease among those affected.

Table 1: National Dental Epidemiology Programme *

Population Group	Latest Publication	Most recent findings
3-year-old survey (South Gloucestershire participation rate 16.5% n = 100) (England n = 19,497)	2020	In South Gloucestershire 5% of children had evidence of tooth decay, lower (albeit statistically similar) than England (10.7%) and South West (11.8%). Nationally, children living in the most deprived areas (16.6%) were almost 3 times more likely to have experience of dental decay than children living in the least deprived areas. (5.9%) Also children who identified as Other ethnic group (20.9%) and Asian or Asian British (18.4%) had a higher prevalence of dental decay than other ethnic groups.
5-year-old survey (South Gloucestershire participation rate 52.6% n=235) (England n = 81,905)	2024	In South Gloucestershire 12.8% of children had evidence of tooth decay, lower than England and South West however, of those with decay experience, the number of teeth affected was similar. In England, for many years 5 year old children living in the most deprived areas were more likely to experience dental decay than those living in the least deprived areas. Also, nationally males (23.4%) had more visually obvious tooth decay than females (22.0%). Furthermore, the prevalence for Asian or Asian British (37%) and children who identified as Other ethnic group (45.4%) was higher than the England prevalence and any other analysed ethnic group, this also remained when adjusted for deprivation.
Year 6 survey (South Gloucestershire participation rate 44.7% n=124) (England n = 53,073)	2023	In South Gloucestershire 7.2 % of children had evidence of tooth decay, which was lower than England. However, of those with tooth decay the number of teeth affected was similar. Children living in the 20% most deprived areas of the country (23.3%) had experience of tooth decay compared to the (10.4%) of children living in the least deprived 20% of areas. Also, prevalence was higher in children who identified as Other ethnic group (22%) and the Asian or Asian British group (17.8%) than for any groups where ethnicity was known. Furthermore, females (16.9%) had higher prevalence of decay experience than males (15.3%).
12-year-old survey (South Gloucestershire participation rate 75.1% n=232) (England n=89,442)	2009	In South Gloucestershire 29.3% of children had evidence of tooth decay, which was lower than England. The number of teeth affected was also lower than England. Nationally, 76.6% of respondents brushed their teeth twice or more a day compared to 77.1% in the South West. Greater toothbrushing frequency was associated with reduced caries severity.
Over 65 years old living in care homes	2026 (expected)	Awaiting data, not yet published.
Children attending special support schools	2013/14	Nationally, 22% of 5-year-olds and 29% of 12-year-olds had experience of dental decay. In Avon, Gloucestershire and Wiltshire this was 12.5% for 5 year olds and 29.5% for 12 year olds. However, numbers of children participating at a South Gloucestershire level were too small to be made available. There was no evidence of an association between caries prevalence and deprivation at 5 years old but a stronger pattern was emerging among the 12 year old participants. The prevalence of dental decay and untreated dental decay was higher among 12 year olds with behavioural and social disabilities than other disability types.

Online Pupil Survey* (n= number of children)

Out of almost 12,000 school aged children who completed the South Gloucestershire Online Pupil Survey (OPS) in 2023, over 16% of respondents, almost 2,000 children answered that they brush their teeth less than the recommended twice a day. Primary aged pupils were those least likely to brush their teeth twice a day compared to all other aged pupils. There was also evidence that biologically female pupils (87%, n= 5256) were more likely to brush their teeth twice a day than biologically male pupils (80%, n= 4598). Plus, children reporting an eligibility for free school meals were less likely to brush their teeth twice a day (74.3%, n= 895) than all South Gloucestershire school pupils (83.3%, n= 9954).

The OPS also included questions on visits to a dentist, 84.2%, n= 9650 of respondents visited the dentist in the previous 12 months. However, there was evidence that this was lower in primary aged pupils (82.5%, n= 4372) and pupils in receipt of free school meals (75.0%, n= 876) than all South Gloucestershire pupils. When compared to all South Gloucestershire pupils (84.2%, n= 9650), there is evidence that pupils identifying as White British (87.0%, n= 7196) are more likely to have visited a dentist in the last 12 months and pupils identifying as Asian (75.7%, n= 504), Black (66.1%, n= 232), and other ethnicities (69.2%, n= 350) are less likely to have visited a dentist in the last 12 months. Some children, 3.6%, n= 418 had never visited a dentist.

Primary pupils (5.5%, n= 293) are more likely to have never visited a dentist when compared to secondary pupils (2.1%, n= 114) and post-16 pupils (1.8%, n= 110). Children eligible for free school meals (6.9%, n= 81) were also more likely to report that they had never visited a dentist compared to all South Gloucestershire School pupils (3.6%, n= 418). There is also evidence that those identifying as Other ethnicities (14.2%, n= 72) and Black (12.0%, n= 42) are more likely to have never been to the dentist, than all South Gloucestershire pupils (3.6%, n= 418).

The OPS findings indicate that children eligible for free school meals are less likely to brush their teeth twice a day, less likely to have visited the dentist in the last year or visited the dentist at all.

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Tooth Extractions

The rate of tooth extractions for children aged 0-4 and 5-9 are higher in South Gloucestershire than England. However, only 38% among 0-4 year olds and 62% in 5-9 year olds identify dental caries as the primary cause for extraction in South Gloucestershire which is lower than England (82% for 0-4 year olds and 87% for 5-9 year olds). Although further analysis of the clinical coding used as the cause for extractions indicate that the rate of tooth extractions in South Gloucestershire due to dental caries may be under reported in

national data sets. When decay to tooth enamel is included as a causal factor in tooth extractions the rates in South Gloucestershire increase.

Nationally, there is a disparity in the rate of tooth extractions based on levels of deprivation, this pattern can also be seen locally in South Gloucestershire. There is strong evidence that during 2021/22 – 2023/24 the rate of hospital admissions for dental extractions due to dental caries is higher among children aged 6-10 living in the most deprived areas (106 individual children) than the least deprived areas (44 individual children). In most recent years this disparity has narrowed among 0-5 year olds as rates have become statistically similar. However, as planned surgeries were restricted due to the covid-19 pandemic at this time it is likely that this was a factor as opposed to a decrease in demand.

There is strong evidence that between 2019 and 2023 the rate of hospital admissions due to decay for 0–10-year-olds living in the most deprived wards in South Gloucestershire were higher than in the least deprived wards and South Gloucestershire as a whole. Also, not only was the rate in the least deprived wards lower than the most deprived wards it was also lower than South Gloucestershire as a whole. The rate in the most deprived wards was almost double that of the least deprived wards.

Adults

There are a number of gaps in the data for adults, older adults and at risk population groups both nationally and locally.

Data from the 2023 adults oral health survey found that nationally 71% of adults brush their teeth the recommended twice or more a day, meaning that over a quarter of adults do not. (77.2% in the South West). Nationally, this is a decrease from 77% in the 2021 survey. Additionally, 87.3% in England and 90.8% of adults in the South West used fluoride toothpaste. Frequency of toothbrushing was associated with sex, household income and neighbourhood deprivation, 77.3% of women and 63.8% of men reported brushing their teeth twice a day, 57% in the lowest income quintile and 81.9% in the highest income quintile brushed their teeth twice a day and 56.7% in the most deprived quintile compared to 80.1% in the least deprived quintile brushed twice a day.

The 2023 survey also reported a 13% point increase in the percentage of adults with obvious dental decay compared to the 2009 survey. The 2023 survey therefore identified some reversal of the improvements previously seen in adults' oral health. However, the proportion of adults with no natural teeth has decreased over the years from 28% in 1978 to 2.5% in 2023.

The 2023 survey also illustrated the inequality in dental attendance. Visiting the dentist for a regular check-up was linked to deprivation and household income, 32% of adults living in the most deprived quintile, compared to 69% of adults living in the least deprived quintile, and 41% of adults in the lowest household income quintile compared to 62% in the highest income quintile. The South West region had the highest percentage (62%) of adults attending the dentist for a regular check-up. Of those adults who reported not having

visited the dentist in 2 years, 40% cited being unable to find a dentist and 31% cited cost as common reasons, there were other reasons including being afraid.

A review of oral health surveys in 2015 reported that older adults living in residential and nursing care homes were more likely to have no natural teeth. They were also less likely to have a 'functional dentition' (21 teeth) than household resident elderly. Older adults living in care homes had higher prevalence of untreated caries than older adults living in their own homes who in turn had a higher prevalence of untreated caries than the general adult population.

At risk population groups

Data in some surveys are stratified by protected characteristics such as age, sex and ethnicity. However, data for the other characteristics is either limited or not available. There are national evidence and research to indicate that some population groups suffer poorer oral health outcomes and difficulty accessing dentistry. These include looked after children and care leavers, Gypsy, Roma and Traveller populations, prisoners, adults in care homes, people with learning disabilities, migrant workers, refugees and asylum seekers and homeless people, amongst others. It could be reasonable to consider that this may be mirrored in the South Gloucestershire population also. There are also certain risk factors that can contribute towards poorer oral health such as diet, smoking, alcohol consumption and oral health protective behaviours such as toothbrushing.

Care Experience

In South Gloucestershire, the percentage of children in care having an annual dental check was 84%, whilst this is an increase on the previous year (72%) and is slightly higher than the national and regional average this means that approximately 16% or 33 children did not. Furthermore, the proportion of children receiving a dental check (84%) is slightly lower than the proportion of looked after children whose immunisations are up to date (91%) or had a health check (90%). Towards the end of 2024 BNSSG ICB commissioned 2 dental practices to provide dental services for looked after children or children in care who do not have an existing dentist. This continues to be provided by a single dental practice based in Bristol.

Gypsy, Roma Traveller populations

The NDEP surveys illustrated evidence that children from a Gypsy or Irish Traveller group have poorer oral health outcomes. The survey among 3 year olds, found that Gypsy or Irish Traveller children (26.5%) had a higher prevalence of dental decay experience than White British (8.4%) children but similar to White Irish and any other White (16.3%) background. The 5-year-old survey indicated strong evidence that the percentage of children with any decay experience was statistically higher among White Gypsy/Irish Traveller and White Roma children compared to all children measured within the white ethnic group and England as a whole. Furthermore, the year 6 NDEP survey found that children from Gypsy and Irish Traveller (34.7%) and Roma (24.1%) groups had a higher prevalence of dental

decay experience than White British (15.3%) children but similar to any other white background (22%).

Homelessness

In 2022/23 2313 people approached South Gloucestershire council with housing problems. According to the Ministry of Housing, Communities and Local Government (MHCLG) there were 7 people sleeping rough in South Gloucestershire during September 2025. The Groundswell charity research carried out in London indicated that since becoming homeless 90% of respondents experienced oral health issues. Furthermore, only 35% of respondents in the research brushed their teeth twice a day compared to 71% of adults in the 2023 oral health survey.

Access to Dentistry

In South Gloucestershire there are a total of 38 dentists or orthodontist practices. Of these practices, 23 accept NHS patients, 12 are private and 3 are prison dentists. Of the 28 wards in South Gloucestershire, there are 11 without an NHS dentist, meaning residents in these areas would need to travel to neighbouring areas to receive dental treatment.

During 2024/25, based on contract location 34% of adults in the previous 24 months and 46% of children in the previous 12 months were seen by an NHS dentist located in South Gloucestershire. However, when based on patient location (postcode) access increases to 41% of adults in the previous 24 months and 59% of children in the previous 12 months. This may indicate that South Gloucestershire residents are attending dental practices outside the area.

Access data illustrated that during April 2023 and March 2024 fewer children in South Gloucestershire were seen within NHS dentistry in comparison to all children living in the South West. Whilst some people may be accessing private dentistry the likelihood is that a proportion of the population have not had access to dentistry.

Oral Health Improvement – current interventions

The current interventions in South Gloucestershire are BNSSG ICB commissioned and mostly for children and young people. These include First Dental Steps (FDS), a universal programme to provide education and a toothbrushing pack to all families with children between the ages of 0-2 years old. The other programme is Supervised Toothbrushing (STB) which enables children aged 3-5, supervised by trained school staff to brush their teeth daily, whilst in the setting. In March 2025 Department of Health and Social Care (DHSC) announced national funding to deliver supervised toothbrushing to all children living in an IMD 1-2 area. There have also been additional dental clinics funded for looked after children and care leavers without existing provision.

Recommendations

1. Continue to support the **commissioning and delivery of supervised toothbrushing and First Dental Steps**, working with ICB and BNSSG colleagues to target and expand provision, with a focus on reducing inequalities.
2. Explore options to provide oral health improvement support for **schools and settings not currently included** in funded programmes, by building on the existing supervised toothbrushing programme.
3. Explore existing gaps in data (quantitative and qualitative, including community insights) and **identify opportunities to improve oral health for adults and other at risk population groups**. Work with partners and services such as the corporate traveller unit, adult and children's social care teams for care home residents and older adults and looked after children.
4. Strengthen **local data quality and insight**. This includes exploring Hospital Episode Statistics tooth-extraction data including coding — while also securing superuser access for future NDEP survey collections to enable deeper analysis of local needs in South Gloucestershire.
5. Continue to work with ICB colleagues who commission our statutory **oral health promotion offer** to ensure a strong focus on inequalities, at risk population groups and older adults including the training needs of the wider workforce.
6. Following the release of the **NDEP survey results for adults aged 65+ residing in care homes, PH to collaborate with adult social care** to assess any highlighted needs or potential opportunities. The regionally developed Care Home Oral Health Improvement Toolkit may be used to support this process if required.
7. Identify opportunities to **integrate oral health into wider public health programmes**, including smoking cessation and substance use services. Strengthen connections and upskill the wider workforce and partners, highlighting the importance of oral health promotion and the impact of poor oral health on overall health outcomes.
8. Given the challenges identified in accessing NHS dentistry, **collaborate with BNSSG ICB to support and improve access for South Gloucestershire residents** including to the populations most at risk of poor oral health.

Aims and Objectives

The aim of this needs assessment is to:

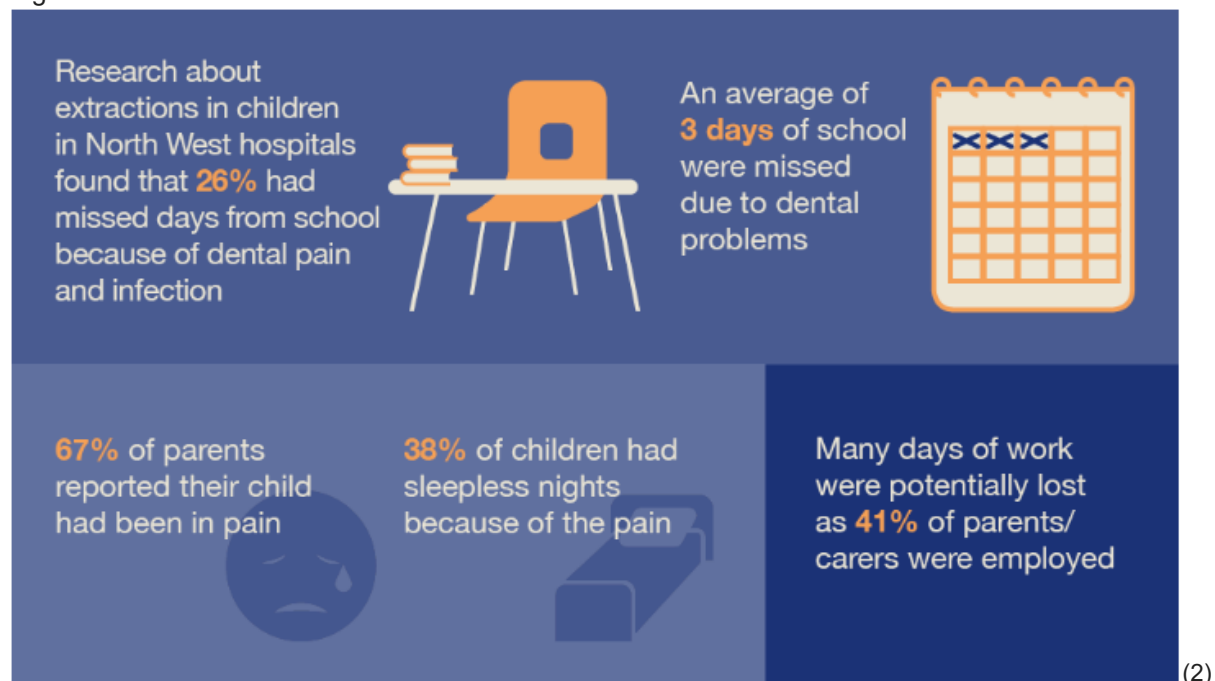
- To develop a comprehensive understanding of the current oral health landscape, including strengths and needs, within South Gloucestershire.
- To identify population groups at increased risk of poor oral health outcomes, with particular attention to underserved communities.
- To examine existing inequalities, barriers, and determinants affecting the ability to achieve and maintain good oral health.
- To map current oral health promotion, prevention, and service provision activity.
- To summarise relevant evidence-based best practice and national guidance.
- To provide recommendations for future priorities.

Introduction

Why Oral Health is a priority?

Good oral health is an important part of general health. Poor oral health can affect an individual's ability to eat, drink, and speak, cause problems with sleeping and socialising, (1) as well as lead to tooth decay, pain, tooth loss, and time away from work or schooling. (1)

Figure 1



Whilst there have been improvements made in oral health of the population some children are still experiencing dental decay and having teeth removed before the age of 5. Also, whilst more adults are retaining their own teeth, maintaining and treating them can become more complex. PHE highlighted that whilst there has been good progress in addressing oral

health, inequalities still exist with an association with socio economic position and deprivation. (3)

Tooth Decay (dental caries) is caused by the breakdown of dietary sugars on the surface of the teeth resulting in acid which can lead to the breakdown of the protective surface of the tooth (enamel) if not addressed.(4) Tooth decay can affect anyone however, certain populations are more at risk, the presence of tooth decay is linked with some social and economic circumstances or inequality. Children or adults with previous tooth decay; children with decay in their baby teeth (primary dentition) or had teeth removed and children and adults with other medical needs or disabilities are also at greater risk. (4) However, there is limited evidence to fully understand the oral health inequalities that exist in England and the effects and outcomes for at risk population groups. (3)

In 2021, Public Health England (PHE) published *Inequalities in oral health*, stating that some of the steps needed to improve oral health are reduce sugar intake, tooth brushing, and access to the protective effects of fluoride. (3) It is therefore essential that everyone has the means to be able to keep their teeth and mouths clean, healthy, and free from unwanted pain and infection.

There are many guidance documents to support the delivery of oral health improvement from national organisations such as the National Institute for Clinical health and Excellence (NICE), PHE, Office for Health Improvement and Disparities (OHID) and many more. Links to a selection of these documents can be found at the end of this report.

The Health and Social Care Act (2012) gave Local Authorities the responsibility for health improvement, including oral health improvement. This includes the delivery of oral health surveys and the provision or commissioning of oral health promotion programmes. (5)

South Gloucestershire Population

According to the Office for National Statistics (ONS) 2022 based population projections in 2025 South Gloucestershire will be home to 309,967 residents. The breakdown of which is 51,045 (16%) 0–14-year-olds, 200,815 (65%) will be 15–64-year-olds and 58,107 (19%) will be 65 and over. The total population is projected to rise by an additional 32,959 by 2035. (6)

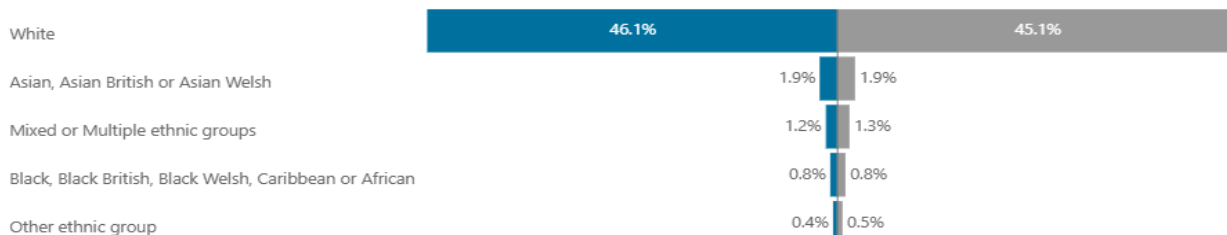
The last census in 2021 identified that South Gloucestershire has an ethnic minority population of 8.8%, this is slightly higher than the South West region (6.9%) but considerably lower than England (19%). (6) This percentage is further segmented in figure 2, illustrating the proportion of males and females from the following ethnicity groups in the South Gloucestershire population.

Figure 2

Population % by ethnicity, 2021

As a percentage of the total population within South Gloucestershire.

● Female ● Male



In South Gloucestershire 2021-23, life expectancy at birth for females was 84.9 years and for males was 81.1 years, both above the South West and England values. Healthy life expectancy of living without disability or being in poor health for females was 62.9 years and for males was 63.5 years. (6)

According to the 2025 Indices of Multiple Deprivation (IMD) South Gloucestershire has an average IMD rank of 23,641 out of 33,755. (1 being the most deprived) This means that South Gloucestershire has lower levels of deprivation compared to the South West 18,620 and England, 16,746. (7) The lower the rank the higher the level of deprivation an area is experiencing. On the IMD average rank measure, South Gloucestershire is ranked 253rd out of 296 Local Authorities in England (with 1 being the most deprived and 296 being the least deprived). South Gloucestershire has no small areas (LSOA's) that rank in the most 10% deprived nationally. (6)

For many health related outcomes, the population of South Gloucestershire tend to experience better results than the national average. However, that is not the case for everybody; inequalities exist and many are widening due to challenges linked to financial insecurity, differences in access to transport and services and climate change. As well as individual inequalities which are experienced across South Gloucestershire, there are areas of deprivation, with the most deprived LSOAs generally being clustered within the urban areas. The inequalities experienced by residents and communities can be hidden, therefore we need to better understand the population and identify where the need and vulnerabilities lie in order to support and address them.

Who is at risk?

Although tooth decay in children has decreased, thought to be attributable to the introduction of fluoride toothpaste, improving children's oral health remains a national priority.

Results of caries surveys of 12 year olds in England from National Child Health Surveys and NHS DEP surveys over 6 time periods

Figure 3 (8)

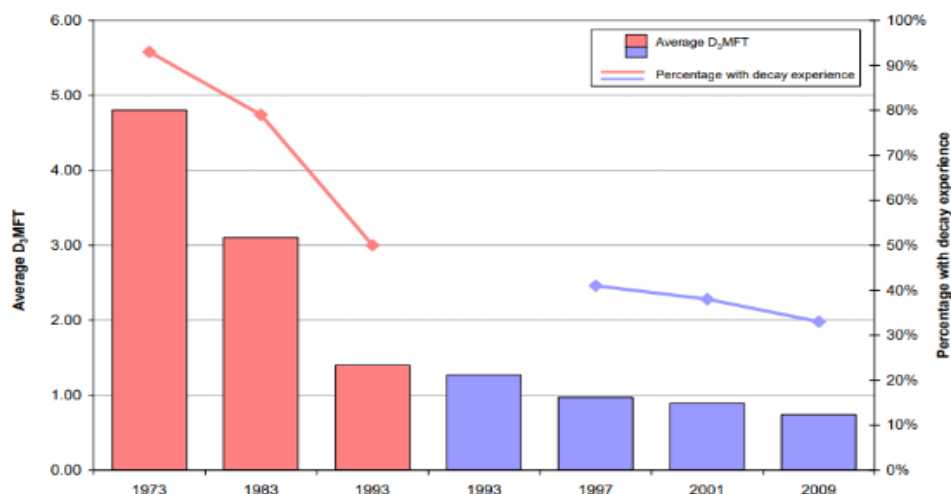


Figure 3 illustrates the prevalence of tooth decay experience and the average number of decayed teeth among 12 year olds participating in national oral health surveys between 1973 and 2009. This indicates a decrease in both indicators of oral health outcomes for children over a 35 year period. (8) However, tooth decay is largely preventable but remains the most common reason for a child aged 5-9 to be admitted to hospital. (9)

Part of the ambition stated by PHE (now OHID) is for all children to have the best start in life including growing up free of tooth decay. (2) Additionally, the NHS Core 20 Plus 5 includes oral health as a key clinical area of health inequality and an area of focus for improvement for children and young people. (figure 4)

Figure 4



The report, *Inequalities in oral health in England (2021)* stated that although the evidence was limited, studies indicated vulnerable groups such as homeless people, prisoners' travellers and looked after children had poorer oral health outcomes and face difficulties accessing dental care.(1) The South West Oral Health Needs Assessment summary lists other at risk population groups to include adults in care homes, people with learning disabilities and others groups such as migrant workers, refugees and asylum seekers, medically compromised and those with dental anxiety and phobias. (10) There are also established links between dental decay and deprivation as identified by the National Dental Epidemiology Programme (NDEP) oral health surveys.

Essentially, the aim through oral health improvement initiatives is to embed behaviours that will support good oral health for everyone throughout the life course such as oral hygiene, use of fluoride, maintaining a healthy diet and reducing sugar consumption, stopping smoking, and reducing harmful alcohol intake. (11) Targeting these initiatives to those most at risk of poor oral health may contribute to a reduction in the inequalities that exist.

The Darzi (2024) report, an independent investigation of the NHS advised that action is needed to ensure that the NHS dental contract is attractive to dentists and rewards those who practice in less served areas, highlighting that there are enough dental professionals just not all are willing to do NHS work. (12)

Children and Young People

National Dental Epidemiological Programme (NDEP)

Every year in England the NDEP undertake oral health surveys in a selected population. (table 1) NDEP surveys are coordinated by OHID in the Department of Health and Social Care (DHSC). Every other year the survey is conducted with 5-year-olds in a school setting, the alternate years are surveying a different population group. The surveys consider the oral health of the chosen population in a local authority area and are a reliable source of estimating population oral health need. Local Authorities are responsible for health improvement, including oral health and the assessment of oral health needs.

Table 1: National Dental Epidemiology Programme *

Population Group	Latest Publication	Most recent findings
3-year-old survey (South Gloucestershire participation rate 16.5%, n = 100) (England n = 19,497)	2020 ⁽¹³⁾	In South Gloucestershire 5% of children had evidence of tooth decay, lower (albeit statistically similar) than England (10.7%) and South West (11.8%). Nationally, children living in the most deprived areas (16.6%) were almost 3 times more likely to have experience of dental decay than children living in the least deprived areas. (5.9%) Also children who identified as Other ethnic group (20.9%) and Asian or Asian British (18.4%) had a higher prevalence of dental decay than other ethnic groups.
5-year-old survey (South Gloucestershire participation rate 52.6%, n=235) (England n = 81,905)	2024 ⁽¹⁴⁾	In South Gloucestershire 12.8% of children had evidence of tooth decay, lower than England and South West however, of those with decay experience, the number of teeth affected was similar. In England, for many years 5 year old children living in the most deprived areas were more likely to experience dental decay than those living in the least deprived areas. Also, nationally males (23.4%) had more visually obvious tooth decay than females (22.0%). Furthermore, the prevalence for Asian or Asian British (37%) and children who identified as Other ethnic group (45.4%) was higher than the England prevalence and any other analysed ethnic group, this also remained when adjusted for deprivation.
Year 6 survey (South Gloucestershire participation rate 44.7%, n=124) (England n = 53,073)	2023 ⁽¹⁵⁾	In South Gloucestershire 7.2 % of children had evidence of tooth decay, which was lower than England. However, of those with tooth decay the number of teeth affected was similar. Children living in the 20% most deprived areas of the country (23.3%) had experience of tooth decay compared to the (10.4%) of children living in the least deprived 20% of areas. Also, prevalence was higher in children who identified as Other ethnic group (22%) and the Asian or Asian British group (17.8%) than for any groups where ethnicity was known. Furthermore, females (16.9%) had higher prevalence of decay experience than males (15.3%).

12-year-old survey (South Gloucestershire participation rate 75.1%, n=232) (England n = 89,442)	2009 (16)	In South Gloucestershire 29.3% of children had evidence of tooth decay, which was lower than England. The number of teeth affected was also lower than England. Nationally, 76.6% of respondents brushed their teeth twice or more a day compared to 77.1% in the South West. Greater toothbrushing frequency was associated with reduced caries severity.
Over 65 years old living in care homes	2026 (expected)	Awaiting data, not yet published.
Children attending special support schools	2013/14 (17)	Nationally, 22% of 5-year-olds and 29% of 12-year-olds had experience of dental decay. In Avon, Gloucestershire and Wiltshire this was 12.5% for 5 year olds and 29.5% for 12 year olds. However, numbers of children participating at a South Gloucestershire level were too small to be made available. There was no evidence of an association between caries prevalence and deprivation at 5 years old but a stronger pattern was emerging among the 12 year old participants. The prevalence of dental decay and untreated dental decay was higher among 12 year olds with behavioural and social disabilities than other disability types.

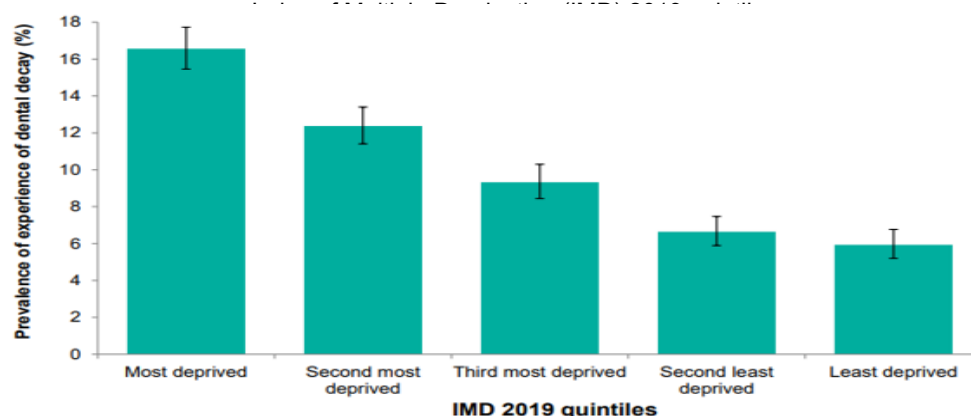
* NDEP findings may underestimate true prevalence and severity, voluntary participation reduces the sample size and may introduce non-response bias. Schools are randomly selected for participation, private schools are not included.

3 yr old Oral Health Survey (2020)

In 2020 PHE published the NDEP survey of oral health among 3-year-old children. The survey highlighted that in South Gloucestershire 5% of children have evidence of decay experience, this equates to approximately 1 in 20 which is lower (albeit statistically similar) than the 1 in 10 children in both England, 10.7% and the South West 11.8%. (13) In England, of the children with dental decay each had on average 2.9 teeth affected, in the South West this was 2.7, unfortunately this information was not available for South Gloucestershire. (13) Data collection for this survey was interrupted due to the pandemic, meaning it was incomplete with some data unavailable. Consequently, some caution should be exercised when interpreting these findings.

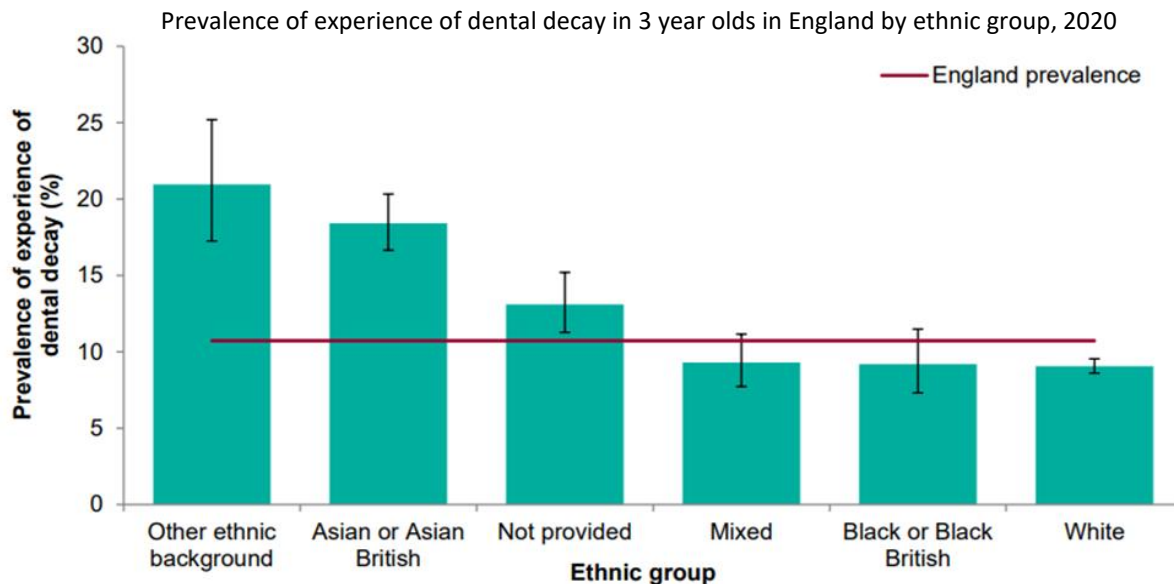
There was strong evidence of a difference based on deprivation, in that children living in the most deprived areas of England were almost 3 times as likely to have experience of dental decay (16.6%) than those children living in the least deprived areas (5.9%). (see figure 5) Meaning that by the age of 3 years old there is already evidence of an inequality in children's oral health.

Figure 5 (13) Prevalence of experience of dental decay in 3-year-olds in England, 2020 by national



There was also evidence of a difference based on ethnicity, children who identified as Other ethnic group (20.9%) and Asian or Asian British (18.4%) had a higher prevalence of experience of dental decay than the other groups. (figure 6) Children who identified as Other ethnic group also had more teeth affected (4.3 teeth) than children from any of the other groups where ethnicity was known.

Figure 6 (13)



5-year-old oral health survey (2024)

The NDEP survey of oral health in 5-year-old school children (2024) identified that nationally 22.4% had experience of dentinal decay. The prevalence in South Gloucestershire was 12.8%, statistically lower than the South West (19.7%) and England (22.4%) prevalence and the second lowest prevalence of all local authorities in the South West. (14)

However, of those children with experience of dentinal decay, children in South Gloucestershire had 3.6 teeth affected which was similar to the regional and national figure of 3.5. Meaning that although fewer children examined in South Gloucestershire had experience of tooth decay the severity was similar to the England and South West average. On average the children examined in South Gloucestershire with experience of tooth decay had 3.4 untreated decayed teeth, meaning that the vast majority of decay experienced (94.4%) was untreated. (14) Potentially resulting in a source of pain and discomfort in young children. Of the sample invited to participate in this survey, 235 (52.6%) were examined, being smaller numbers, this needs to be considered when drawing conclusions from this data.

Figure 7

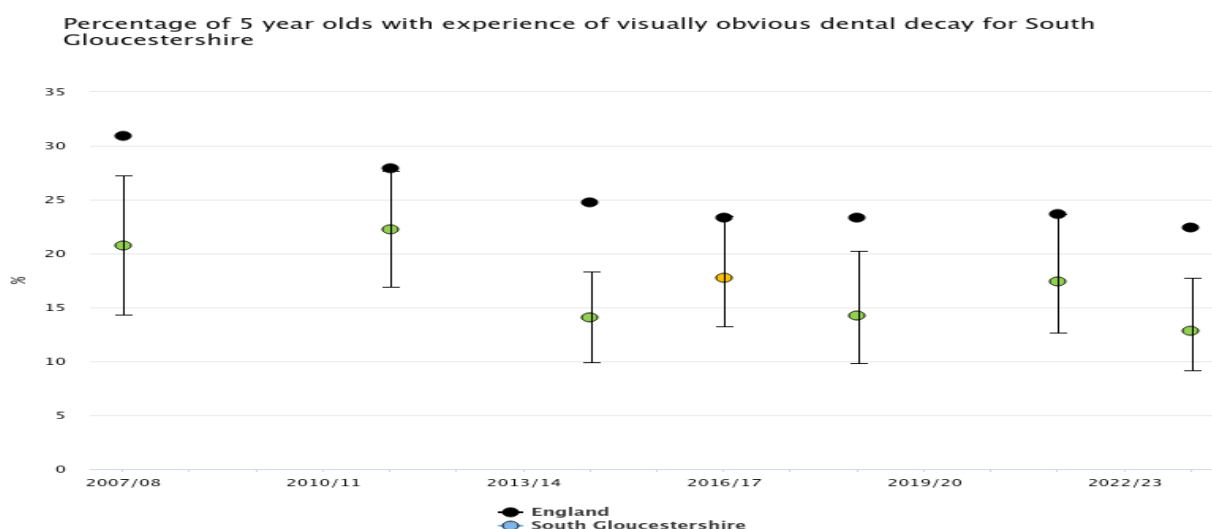


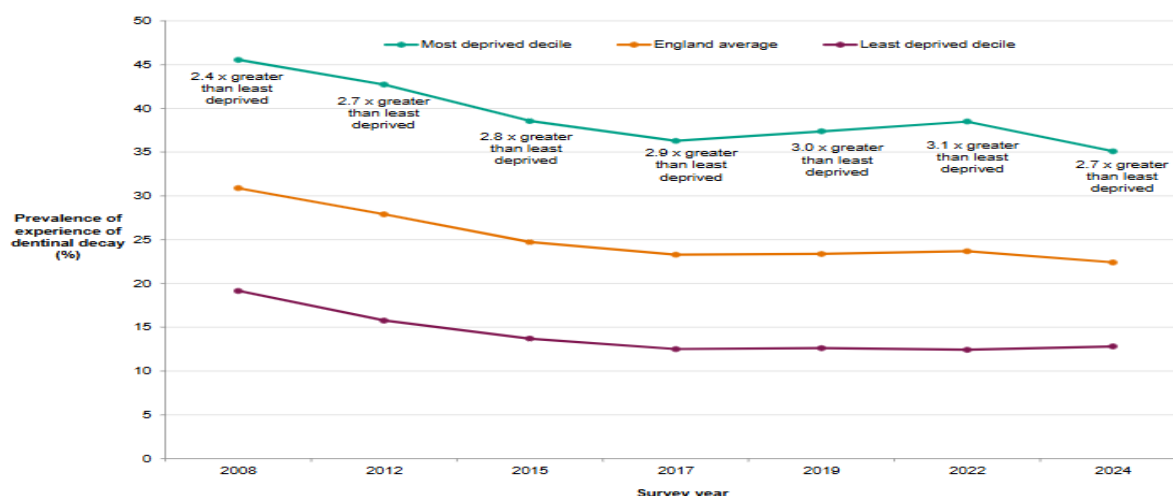
Figure 7 (18) illustrates previous 5-year-old surveys, indicating that apart from the survey in 2016/17 the prevalence of visually obvious tooth decay in South Gloucestershire is consistently lower than England. Additionally, there is some evidence of a possible downward trajectory of visually obvious tooth decay both locally and nationally.

Although there appears to be a downward trajectory in dentinal decay prevalence among 5 year olds in England it appears to be plateauing at around 20-25% since 2017. (figure 8) (13)

Nationally, there were also disparities evident based on the level of deprivation. Children in the most deprived areas of the country were twice as likely to have experienced dentinal decay (32.2%) than children in the least deprived areas (13.6%). This disparity, based on deprivation has existed for many years, as shown in figure 8, highlighting the need for further work to address it. (14)

Figure 8

Inequality in the prevalence of dentinal decay in 5 years old school children in England, 2008 to 2024

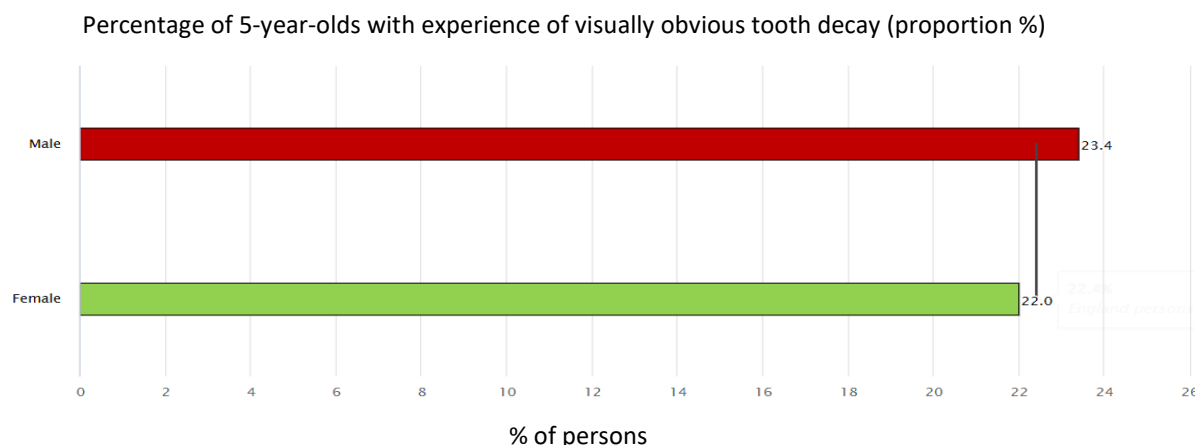


Locally, in South Gloucestershire an association between dental decay and deprivation was not evident, however ability to draw these conclusions may have been affected by small

numbers (n = 254 participants) (14) There also appeared to be an association between deprivation and the number of teeth affected in those who experienced dental decay however the numbers were too small to draw any conclusions.

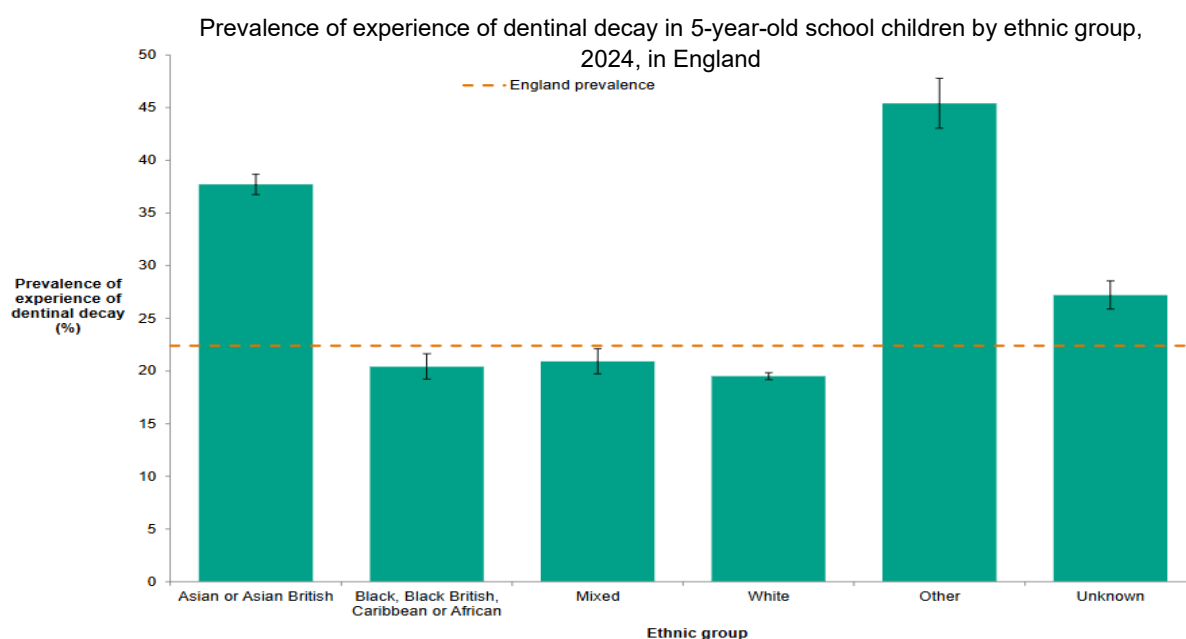
Data highlighted strong evidence that nationally males (23.4%) had more visually obvious dental decay than females (22.0%). (19, figure 9)

Figure 9



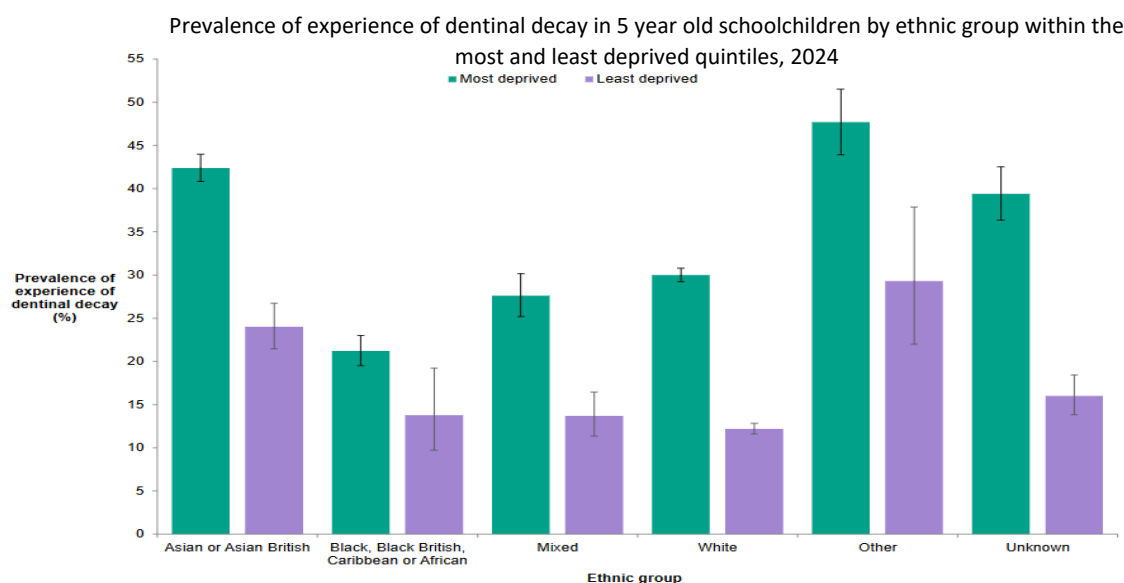
There was also strong evidence of statistical differences in the experience of dental decay by ethnicity among 5-year-olds examined. The prevalence for Asian or Asian British (37.7%) and children who identified as Other ethnic group (45.4%) was higher than the England prevalence and the prevalence of the other ethnic groups analysed. (figure 10) Of those children with experience of dental decay, children who identified as Other ethnic group (4.4 teeth) and the Asian or Asian British ethnic group (4.3 teeth) had on average more teeth affected than children from the other ethnic groups included in figure 10 (14) When segmented further, Asian Pakistani (43.2%) children had a higher prevalence of decay experience than Asian Bangladeshi (37%), Asian Chinese (24.6%), and Asian Indian (34.1%) but similar to Asian Other (40.6%) children. (14)

Figure 10 (14)



These differences remained after considering deprivation, indicating that the disparity cannot be accounted for by deprivation alone. (14) Figure 11 illustrates that children from Asian or Asian British and children who identified as Other ethnic groups had higher prevalence of dental decay experience in both the most deprived areas and the least deprived areas of England compared to other groups.

Figure 11

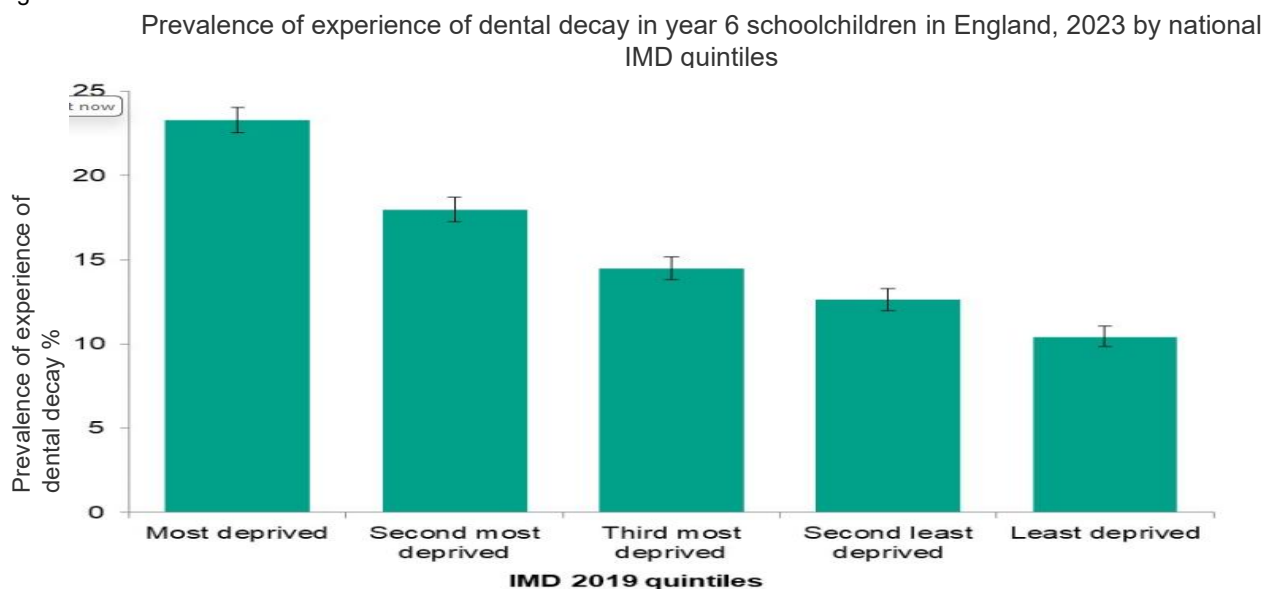


Year 6 aged Survey (10–11-year-olds) 2022/23

According to the oral health survey of year 6 pupils, 16.2 % of pupils in England had experience of dental decay in their permanent dentition (adult teeth). There was strong evidence that this was lower in South Gloucestershire at 7.2 %. However, children with experience of dental decay in South Gloucestershire had 1.8 teeth affected which is similar to the national figure. (15)

The year 6 survey also illustrates the enduring national picture of the significant disparity in the prevalence of dental decay experience when comparing the most 20% deprived areas (23.3%) of the country to the least 20% deprived areas (10.4%) (figure 12) (15)

Figure 12



There were also disparities evident in the experience of tooth decay by ethnic group, prevalence was higher among the children who identified as Other ethnic group (22%) and the Asian or Asian British group (17.8%) than for any groups where ethnicity was known, although the severity of decay was similar. Within the Asian or Asian British group, the prevalence was higher among the Asian Pakistani (21.6%) group than the Asian Bangladeshi (14.2%) Asian Chinese (12.8%) and Asian Indian (16.8%) but similar to any other Asian background (18.8%). Additionally, females (16.9%) in this age group had a higher prevalence of decay experience than males (15.3%) nationally. (15)

In 2009, there was also a survey of oral health among 12-year-olds, which found that in England 33.4% of children examined had experience of tooth decay compared to 29.3% in South Gloucestershire. Statistically, this was similar although there was strong evidence that South Gloucestershire children had slightly fewer teeth affected (1.8) than children in England as a whole (2.2). (16) This survey also considered tooth brushing behaviours and found that 77.1% of respondents across the South West brushed their teeth twice or more a day compared to 76.6% in England. Furthermore, greater toothbrushing frequency was associated with reduced caries severity. (16)

The prevalence of tooth decay found in the 12-year-old survey in 2009 of 29.3% compared to the prevalence among year 6 (10–11-year-olds) survey of 7.2% over 10 years later in 2022/23 could indicate a downward trajectory in tooth decay among children. (16,15) On a national level, figure 7 is a possible illustration of that among 5-year-old children.

It is interesting that for the most recent 5-year-old and year 6 surveys prevalence of tooth decay experience was lower in South Gloucestershire than England but for those with dentinal decay the severity was similar to England. Meaning that whilst fewer children in South Gloucestershire may be affected by dental decay the proportion that were had a similar acuteness of effect as is seen nationally. This reinforces the picture of inequality present in tooth decay reported among children living in South Gloucestershire.

Online Pupil Survey (OPS)* n = number of children

All primary, secondary and Post 16 settings in South Gloucestershire are encouraged to support pupils to complete the local authority Health and Wellbeing OPS. The OPS 2023 provides a snapshot in time of children and young people's health and wellbeing needs. The questions vary depending on pupil age and cover a variety of health-related questions including oral health. The OPS is a self-reported survey and may therefore be affected by responder bias.

Figure 13

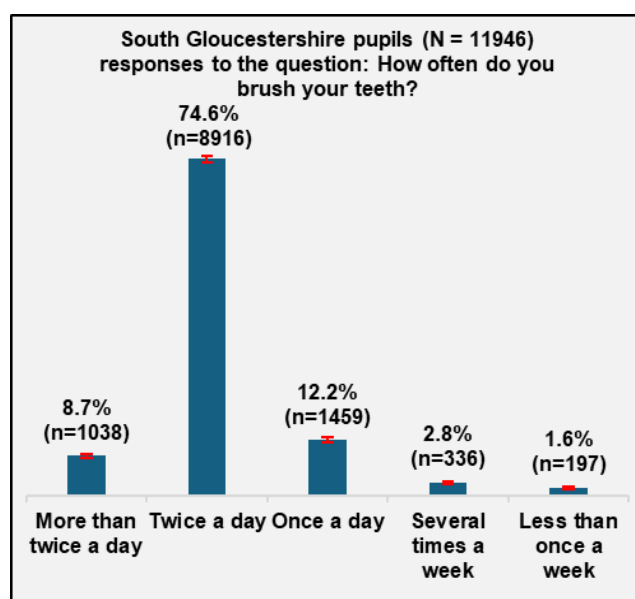
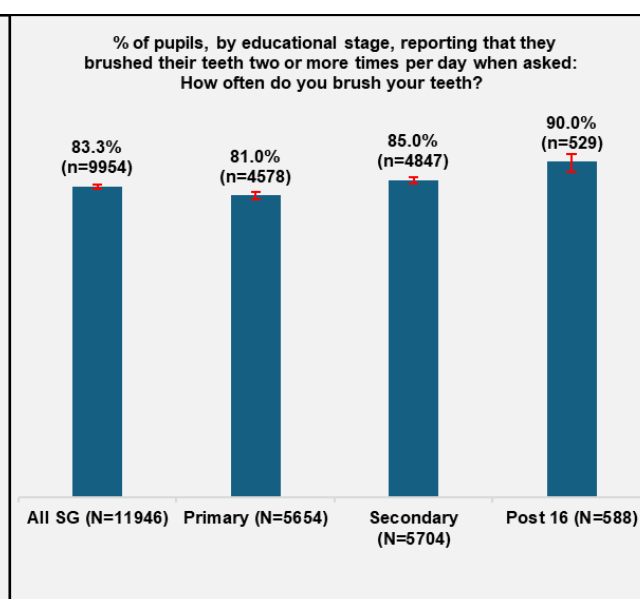


Figure 14



In 2023, almost 12,000 pupils in years 4-13 answered the question, *How often do you brush your teeth?* 83.3%, n= 9954 reported brushing their teeth twice or more a day (74.6% n = 8916 twice a day and 8.7%, n= 1038, more than twice a day). (figure 13) However, this means that over 16% of respondents, approximately almost 2,000 children answered that they brush their teeth less than the recommended twice a day. Further analysis illustrated evidence that primary aged pupils were least likely to brush their teeth twice a day than all other aged pupils. (figure 14) This is even more concerning when we know that the most common reason for a child aged 5-9 to be admitted to hospital in 2023/2024 was for tooth decay.

There was evidence that biologically female pupils (87%, n= 5256) were more likely to brush their teeth twice a day than biologically male pupils (80%, n= 4598). Plus, children reporting an eligibility for free school meals were less likely to brush their teeth twice a day (74.3%, n= 895) than all South Gloucestershire school pupils (83.3%, n= 9954).

Survey responses also indicated evidence that tooth brushing behaviours were correlated to consumption of fruit and vegetables the previous day. Pupils who brushed their teeth twice or more a day were more likely to respond to having eaten fruit and vegetables yesterday.

Of all responses to the question *When did you last go to the dentist?* 84.2%, n= 9650 reported having visited the dentist in the last year. However, there was evidence that primary school pupils (82.5%, n= 4372) are less likely to have visited the dentist than all South Gloucestershire pupils (84.2%, n= 9650) with secondary school pupils (85.9%, n= 4755) more likely to have visited. These findings mirror those of tooth brushing behaviours, there is evidence of more females (85.9%, n= 5024) having visited the dentist in the last 12 months than males (82.8%, n= 4519). As well as evidence that children eligible for free school meals (75.0%, n= 876) were less likely to have visited the dentist compared to all South Gloucestershire school pupils (84.2%, n= 9650). When compared to all South

Gloucestershire pupils (84.2%, n= 9650), there is evidence that pupils identifying as White British (87.0%, n= 7196) are more likely to have visited a dentist in the last 12 months and pupils identifying as Asian (75.7%, n= 504), Black (66.1%, n= 232), and other ethnicities (69.2%, n= 350) are less likely to have visited a dentist in the last 12 months.

Primary pupils (5.5%, n= 293) are more likely to have never visited a dentist when compared to secondary pupils (2.1%, n= 114) and post-16 pupils (1.8%, n= 110). (figure 15). Children eligible for free school meals (6.9%, n= 81) were also more likely to report that they had never visited a dentist compared to all South Gloucestershire School pupils (3.6%, n= 418). (figure 16) There is also evidence that those identifying as Other ethnicities (14.2%, n= 72) and Black (12.0%, n= 42) are more likely to have never been to the dentist, than all South Gloucestershire pupils (3.6%, n= 418).

Figure 15

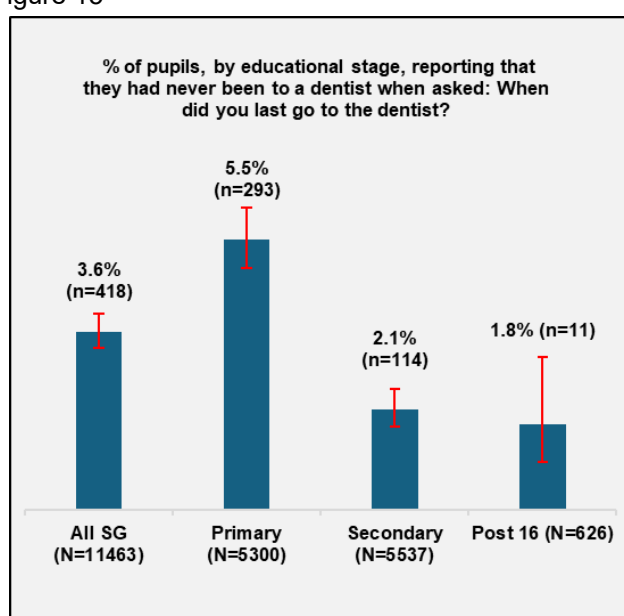
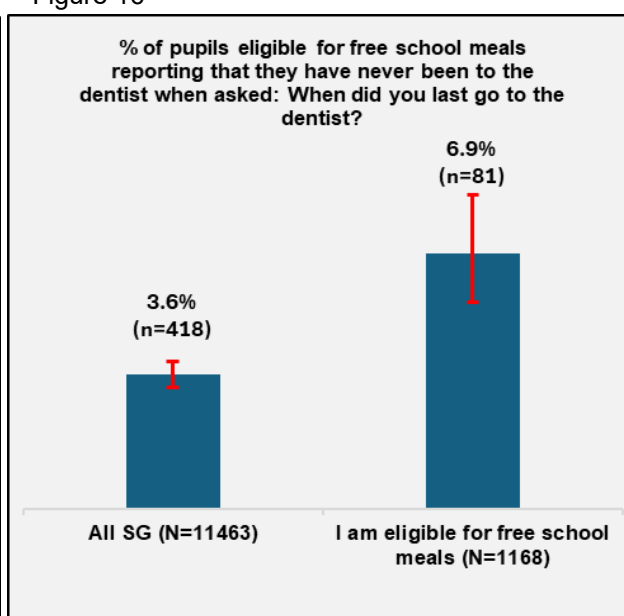


Figure 16



The findings indicate that children eligible for free school meals are less likely to brush their teeth twice a day, less likely to have visited the dentist in the last year or visited the dentist at all. This, coupled with the knowledge that locally, regionally and nationally the percentage of children eligible for free school meals is increasing is a real concern for public health and the widening inequality this creates. Further analysis highlights that children who are eligible for free school meals were less likely to have drunk water and ate fruit and vegetables and more likely to have drunk sugar sweetened drinks and ate sweets and take aways/fast food the previous day compared to all South Gloucestershire pupils.

Use and publication of OPS data in any context must be strictly in accordance with the [OPS data sharing terms and conditions](#).

Hospital admission and tooth extractions

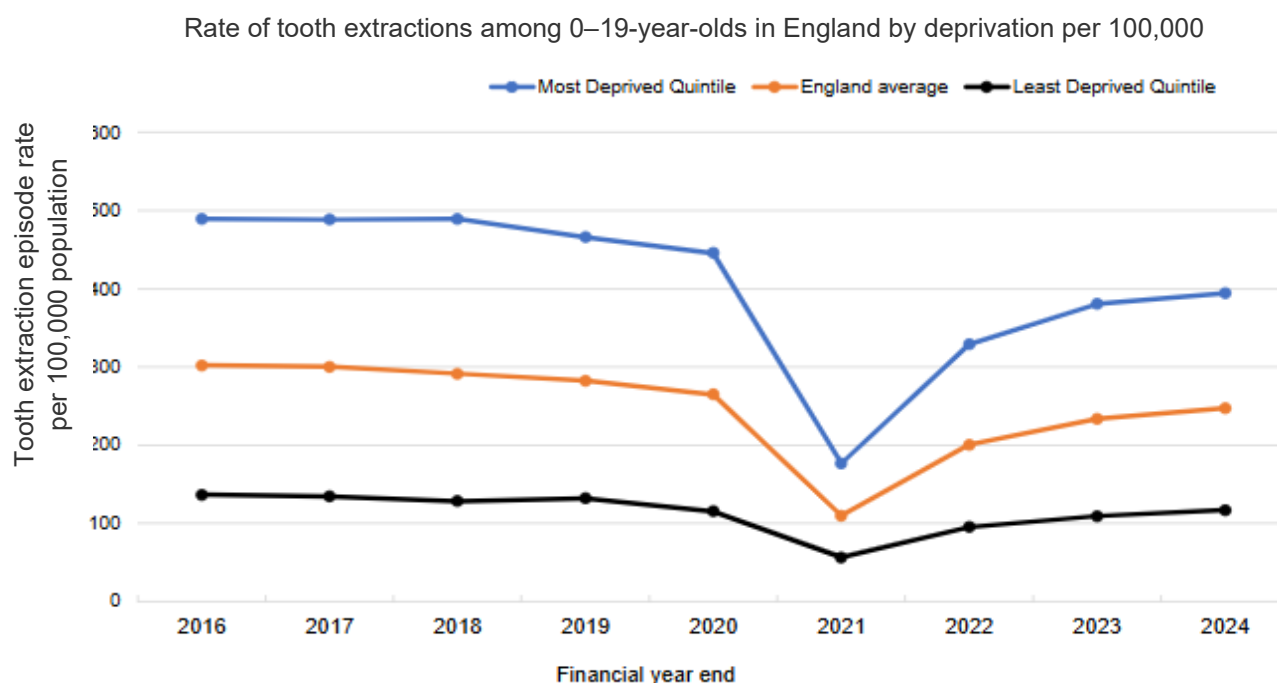
Data on tooth extractions is drawn from Hospital Episode Statistics (HES) and provides evidence of hospital activity on all tooth extractions among children and young people aged 0-19. The most common reason for a hospital admission among 5–9-year-olds continues to

be tooth decay. (9) In South Gloucestershire, 5-9 years olds are the age range with the highest rate of tooth extractions among 0–19-year-olds.

The cost to the NHS of tooth extractions during the 2023/24 financial year was £74.8 million, of which £45.8 was due to decay (9). The cost of tooth extractions due to decay has varied over recent years, (£13.8 million in 2020/21 (20), £50.9 million in 2021/22 (21), and £40.7 million in 2022/23 (22)) likely in part due to the pandemic. Aside from this OHID report a general decrease in the number of tooth extraction episodes. (See figure 17)

During 2023/24 there were 49,112 episodes of tooth extraction in NHS hospitals across England for 0–19-year-olds, 62% of which were due to a primary diagnosis of tooth decay. (19) The rate of tooth extractions varies across the country; the tooth extraction episode rate was nearly 3.5 times higher in the most deprived communities than the least deprived communities. (9)

Figure 17

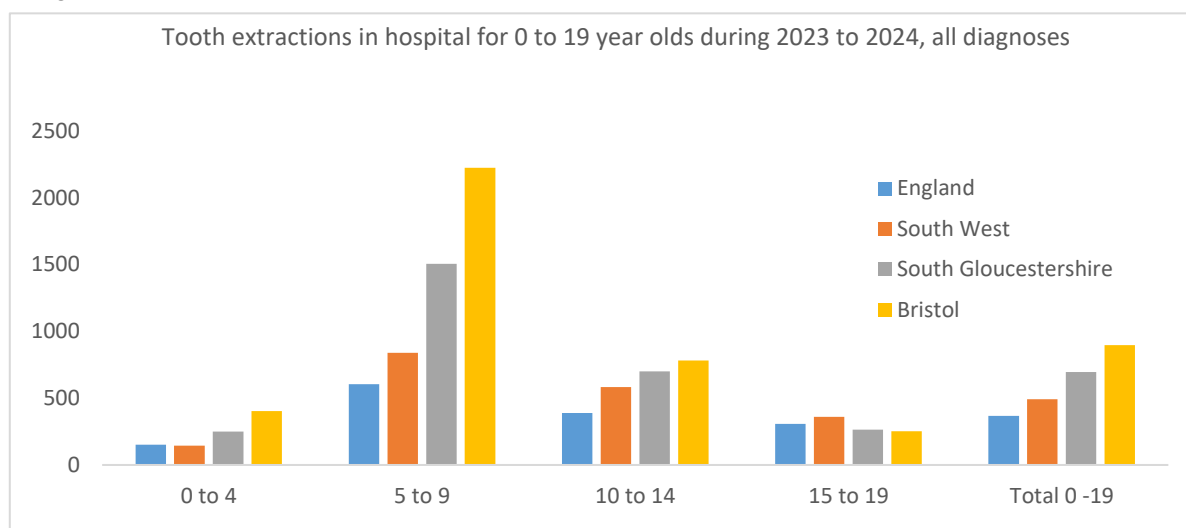


There are however limitations to this data, it only reflects extractions in NHS hospital settings, therefore, extractions in other settings such as Community Dental Services (CDS) may not be included. Different clinical coding may be applied at different sites, potentially leading to variation in reporting across geographical areas making comparison difficult.

Also, tooth extractions data may reflect capacity within local provision but not necessarily the demand for that provision and associated waiting times for clinical services.

In South Gloucestershire, the rate of tooth extractions for 0–4-year-olds was higher in 2023/24 than the England and South West rates. (figure 18)

Figure 18



However, when considering dental caries as the primary cause the extraction rate amongst 0-4 year olds is lower than England and similar to the South West. Extractions in South Gloucestershire with a primary diagnosis of caries account for only 37.5% of all procedures in this age group which is substantially lower than England (81.8%) and the South West (61.5%). For 5–9-year-olds the rate of tooth extractions in South Gloucestershire all diagnoses, is double the England rate and almost double the South West rate. However, similarly to 0–4-year-olds when we focus solely on dental caries as the primary cause 62% of all tooth extractions in South Gloucestershire were due to dental caries compared to 87% in England and 74% in the South West.

The clinical coding applied to all tooth extractions identifies the reasons for the tooth or teeth being removed. Further local analysis identified an increase in the use of the code K020 – caries limited to enamel in South Gloucestershire, this code is not used in the analysis of tooth extractions due to caries produced by OHID.

Figure 19 illustrates the increase in the use of this code in South Gloucestershire in recent years. In 2023/24 34.3% of all tooth extractions were allocated to this code. If this code is included in local analysis, then we can see that the crude rate of tooth extractions due to caries increases, meaning that the rate of tooth extractions in South Gloucestershire may be under reported in national datasets.

Figure 19

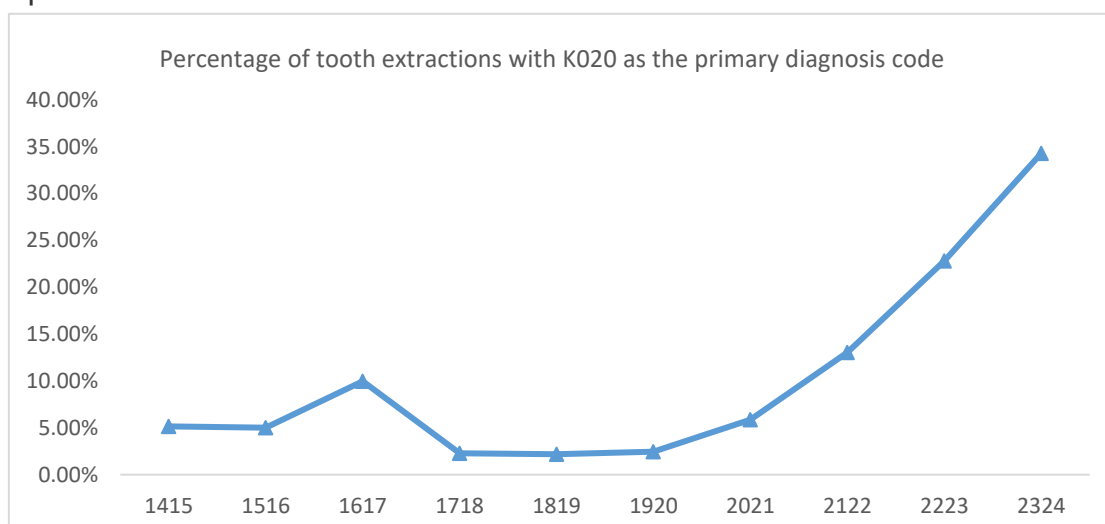


Figure 20

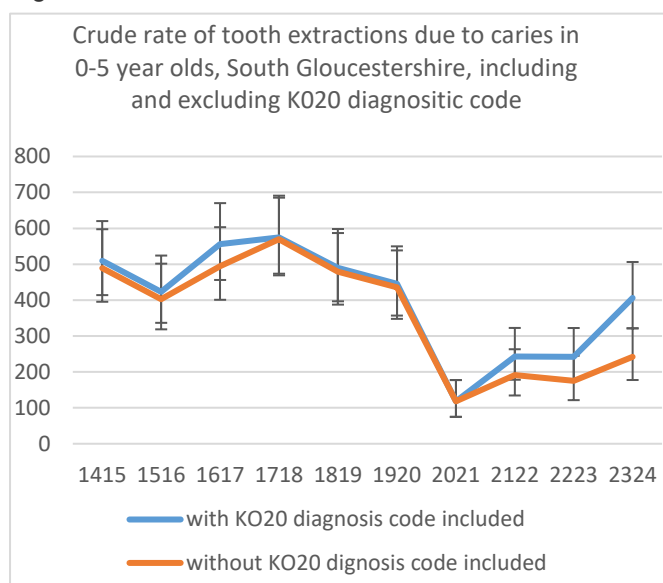
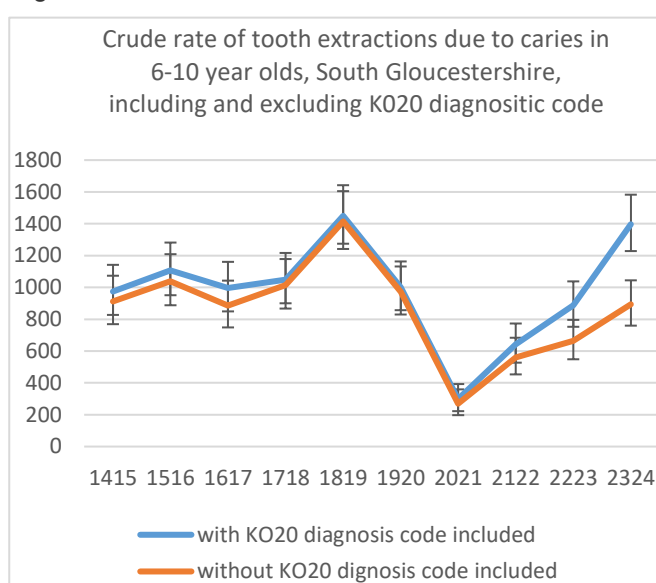


Figure 21

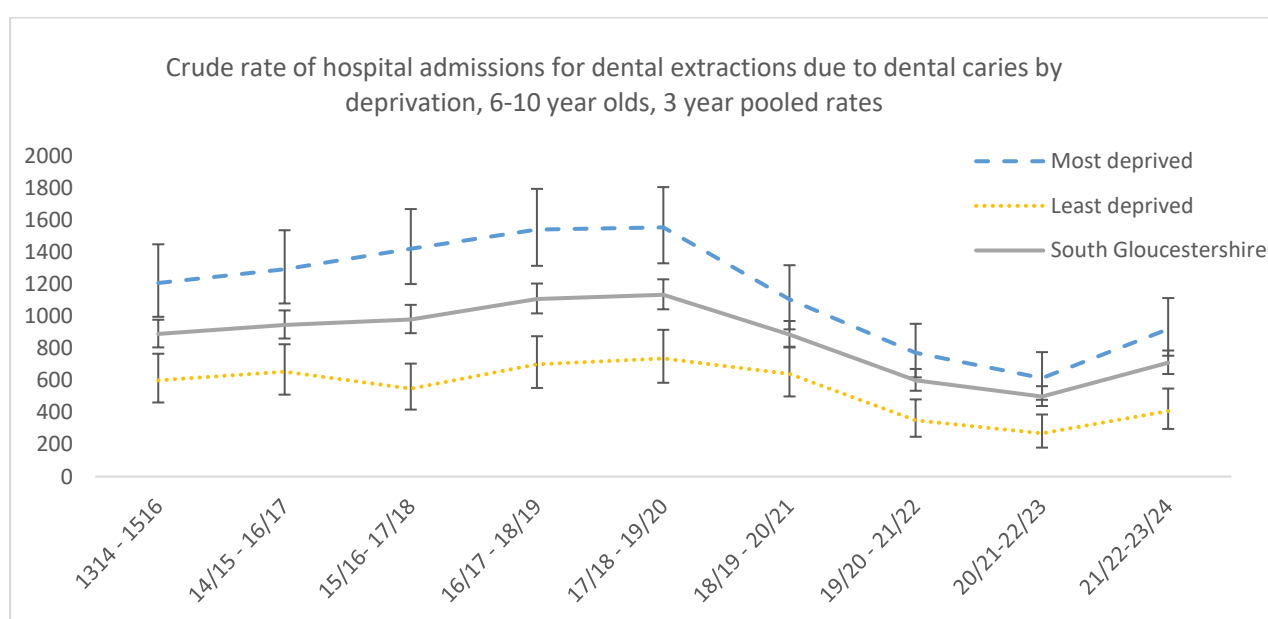


We can see an increase in the rate of tooth extractions among 0-5 years and strong evidence of a difference in the rate of extractions undertaken among 6–10-year-olds in South Gloucestershire when this code is included in causation analysis. (figures 20 and 21)

Inequalities

Nationally, there is a disparity in the rate of tooth extractions based on levels of deprivation, this pattern can also be seen locally in South Gloucestershire. Figure 22 illustrates strong evidence that during 2021/22 - 2023/24 the rate of hospital admissions for dental extractions due to dental caries is higher among children aged 6-10 living in the most deprived areas (106 individual children) than the least deprived areas (44 individual children). Although the gap has reduced in recent years it remains significantly different with some potential indication of an increase in 21/22 – 23/24 following the pandemic.

Figure 22



The picture is similar among younger children aged 0-5, the rates of hospital admission are lower in this age group but for several years there was strong evidence of a disparity between the rate in the most deprived and least deprived areas. However, in the most recent years 21/22 to 23/24 that gap has narrowed as the rates have become statistically similar. (40 individual children in deprivation quintile 1 and 16 individual children in deprivation quintile 5) (Figure 23) During the covid 19 pandemic years there was a decline in rates for both age groups. As planned surgeries were restricted at this time it is likely that this was a factor as opposed to a decrease in demand. This data however needs to be considered with caution due to small numbers and the limitations previously outlined.

Figure 23

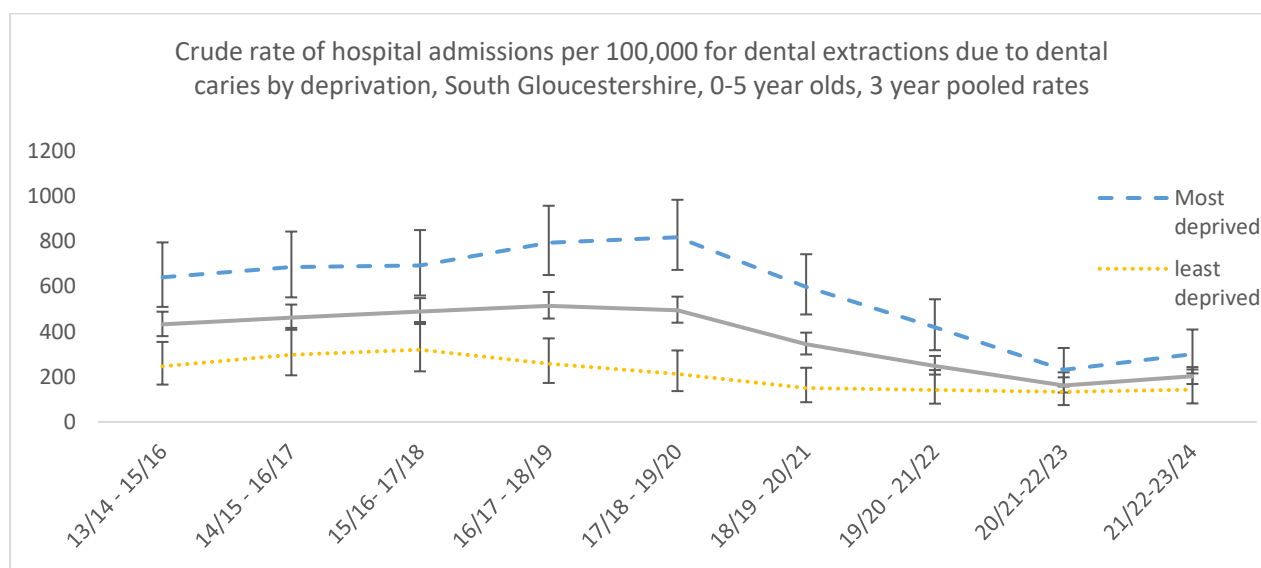
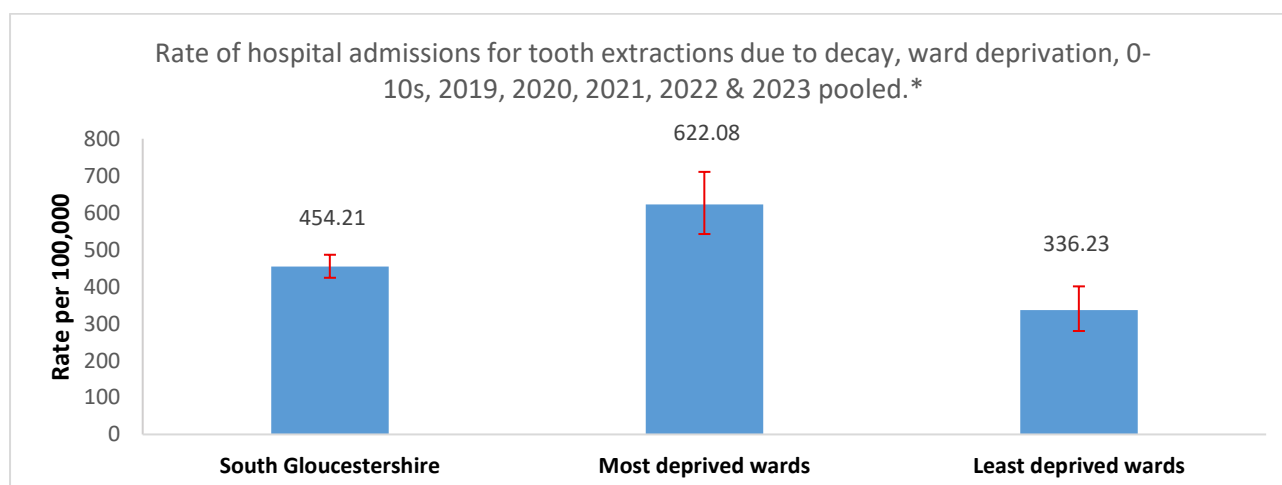


Figure 24 further illustrates the rate of hospital admissions for tooth extractions due to tooth decay over a 5-year period between 2019 and 2023. There is strong evidence that the rate of hospital admissions for 0–10-year-olds living in the most deprived wards in South Gloucestershire were higher than the least deprived wards and South Gloucestershire as a whole. Also, not only was the rate in the least deprived wards lower than the most deprived wards it was also lower than South Gloucestershire as a whole. The rate in the most deprived wards was almost double that of the least deprived wards.

Figure 24



*The most deprived wards are defined as the five proxy wards with the highest average IMD 2019 scores in South Gloucestershire, and the least deprived wards are the five proxy wards with the lowest scores. Proxy wards are used as ward boundaries and LSOA boundaries do not overlap, and the data is LSOA based.

Adults

The adult oral health survey in 2023 found that 71% of adults in England and 77% in the South West brushed their teeth at least the recommended twice a day, and 87.3% in England and 90.8% in the South West used fluoride toothpaste. Frequency of toothbrushing was associated with sex, household income and neighbourhood deprivation, 77.3% of women and 63.8% of men reported brushing their teeth twice a day, 57% in the lowest income quintile and 81.9% in the highest income quintile brushed their teeth twice a day and 56.7% in the most deprived quintile compared to 80.1% in the least deprived brushed twice a day. (23) The proportion of adults brushing their teeth twice a day in the 2023 survey is lower than the 77% in the 2021 survey, however the 2021 survey was conducted remotely, no dental examinations were carried out. (24)

The findings of the 2023 survey indicate that there has been a 13% point increase in the proportion of dentate adults with obvious tooth decay between the 2009 and 2023 surveys, this is a setback to the improvements previously seen in the prevalence of tooth decay.(25) There are different categories of tooth decay depending on the extent to which the tooth is affected, however based on the most sensitive measure which includes decay to the enamel of the tooth 64% of adults in the 2023 survey had clinical decay to the crown or roots of one or more teeth at the time of the examination. (25)

Of the participating adults 86% had 21 or more natural teeth, 21 natural teeth are considered the minimum amount for a functional dentition. The number of natural teeth decreased with age, deprivation and increased with household income, 2.5% of participants had no natural teeth. (26) The proportion of adults with no natural teeth has decreased over the years from 28% in 1978 to 2.5% in 2023. (26)

Attendance at the dentist for a regular check-up was also linked to deprivation and household income, 32% of adults living in the most deprived quintile, compared to 69% of adults living in the least deprived quintile, and 41% of adults in the lowest household income quintile compared to 62% in the highest income quintile. (27) The South West region had the highest percentage (62%) of adults attending the dentist for a regular check-up. (27) Of those adults who reported not having visited the dentist in 2 years, 40% cited being unable to find a dentist and 31% cited cost as common reasons, there were other reasons including being afraid. (27) Insights and data from this survey were not available at a local authority level.

In 2018 the focus of the NDEP survey was on adults attending general dental practices, unfortunately no practices in South Gloucestershire participated so data is not available at a local authority level. Additionally, out of the nine regions, the South West had the lowest participation rate. However, nationally, 81.9% of patients had a functional dentition and 70.5% had a treatment need, although these were patients who were attending the practice anyway and therefore not known how representative this is of the general population. The findings were that poorer oral health disproportionately affected older adults and those from more deprived areas. (28)

Older Adults

The South Gloucestershire Adult Social Care and Ageing Well Strategy Needs Assessment (2024) highlights how older adults and those living in care homes can be at greater risk of poor oral health due to poorer general health, functional limitations and sometimes being reliant on others for support. (29)

A review of oral health surveys in 2015 reported that older adults living in residential and nursing care homes were more likely to have no natural teeth. They were also less likely to have a 'functional dentition' (21 teeth) than household resident elderly. Older adults living in care homes had higher prevalence of untreated caries than older adults living in their own homes who in turn have a higher prevalence of untreated caries than the general adult population. However, at that time less was known about the oral health of older adults who are living independently or being cared for by friends, family, or carers. (30) This review highlights that as oral health has improved and more people are retaining natural teeth, dental treatments may become more complex (30)

A 2016 NDEP survey among older adults, 65 years and over, living in supported housing (community living with some degree of support) found that nationally 27% of participants had no natural teeth. Whilst the number of participants from South Gloucestershire is not known it is reported that of the those examined 14.8% had no natural teeth. However, 89.5% of South Gloucestershire participants had visible plaque compared to 69.9% in England. Also, 18% of South Gloucestershire respondents had not seen a dentist in the last two years compared to 34% in England. Then again, it must be noted that out of the 20,243 individuals nationally with whom a visit had been arranged only 54% (10,876) fully or partially completed the questionnaire and 53% (10,721) had a full or partial an examination, therefore some caution is needed when interpreting this data. (31)

The 2019 Care Quality Commission report, Smiling Matters, highlighted difficulties faced by care home residents to maintain oral hygiene especially if they needed care or support to do so. It included several recommendations to improve oral health among this population including training for care home staff and dental provision to meet resident's needs (32) In 2022 a survey of mouth care in the South West outlined actions to support care homes, raising awareness of available guidance, quality mouth care training, support from dental professionals and improving access to routine and urgent dental care. (33) In 2025, the South West regional dental public health team developed a Care Home Oral Health Improvement Toolkit to support local authorities and partners to gain oversight of the oral health of residents. Introducing this tool in South Gloucestershire may support the understanding of oral health need among this population.

Protected characteristic

Due to small numbers in some surveys and data sets not all data is available at a local level or stratified by for example protected characteristics. However, table 2 outlines the available data used for this report.

Table 2

Protected Characteristic	Data available
Age	The NDEP surveys focus on a specific aged population group. The adult oral health survey stratifies findings by age bands at a national level, there is no breakdown at a local level.
Disability	Neither the NDEP age specific surveys nor the adult oral health survey report findings stratified by disability. However, the NDEP survey in 2014 had a population group focus on children attending special support schools.
Gender Reassignment	This is not reported in either the NDEP or adult oral health survey.
Marriage and Civil Partnership	This is not reported in either the NDEP or adult oral health survey.
Pregnancy and Maternity	This is not reported in either the NDEP or adult oral health survey.
Race or Ethnicity	At a national level most NDEP surveys stratify findings by ethnicity. The adult oral health survey did not contain sufficient numbers for comparison to be possible. There is no breakdown available at a local level.
Religion or Belief	This is not reported in either the NDEP or adult oral health survey.
Sex	At a national level the NDEP surveys and the adult oral health survey stratify findings by sex, there is no breakdown at a local level.
Sexual Orientation	This is not reported in either the NDEP or adult oral health survey.
Socioeconomics	The NDEP surveys present findings stratified by deprivation and the adult oral health survey present findings stratified by deprivation and household income. This is at a national level, there is no breakdown available at a local level.
Care Experience	This is not reported in either the NDEP or adult oral health survey.
Armed Forces Status	This is not reported in either the NDEP or adult oral health survey.

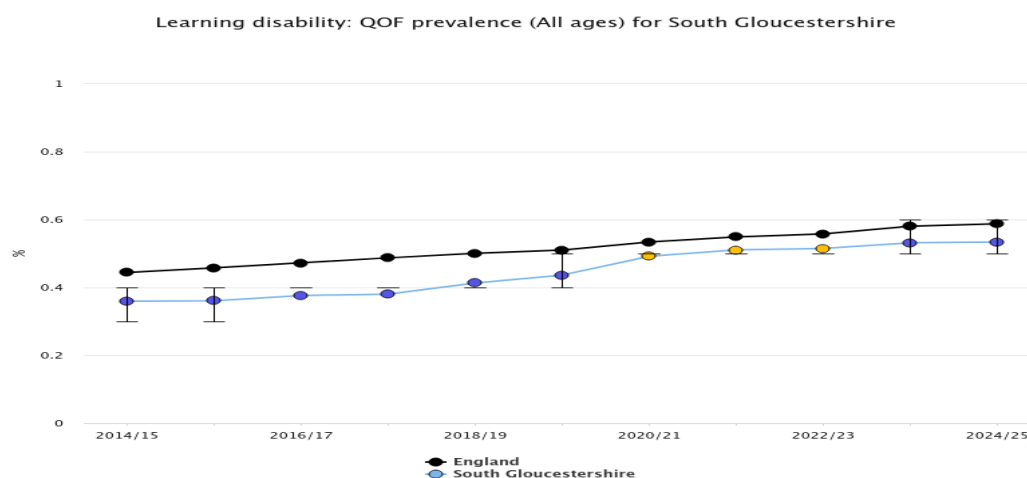
At Risk Population Groups

Intelligence from PHE (1) and the South West oral health needs assessment (10) suggests that some population groups are at greater risk of poor oral health outcomes than others (1,10) These include but are not limited to, people with learning difficulties, looked after children and care leavers, Gypsy, Roma and Traveller populations, homeless people, prison population, people with dental anxiety and phobias, refugees and asylum seekers, adults living in care homes and those who are medically compromised. Some of these groups are discussed below, however there is little local data available for these population groups. It is also important to consider the intersectionality of disadvantage in that some individuals may face multiple risk factors known to contribute to health inequalities alongside those listed above potentially compounding their outcomes further.

Learning Difficulties

For several years, the prevalence of learning disabilities among all ages in South Gloucestershire was lower compared to England. In recent years, this gap has decreased whilst the percentage of people with a learning difficulty appears to be rising nationally and locally. (34) (Figure 25)

Figure 25



A PHE report updated in 2025 outlines that people with learning disabilities have higher levels of gum disease, higher levels of plaque, higher numbers of missing teeth and increased rate of toothlessness. (35)

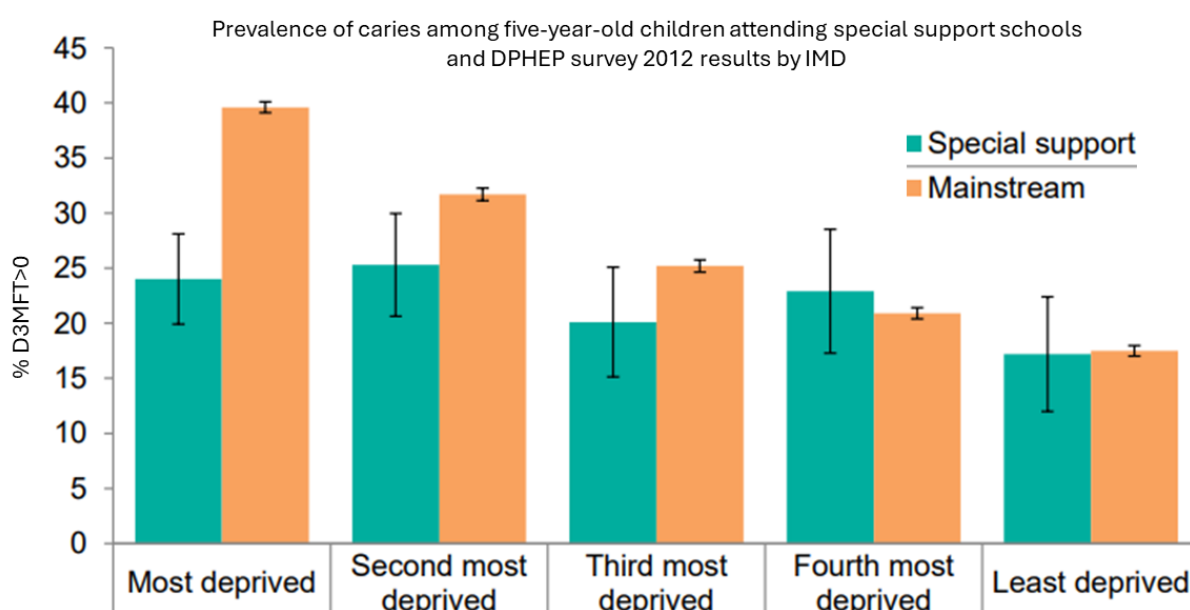
Between 2009, 2010 and 2011 oral health surveys of adults with learning disabilities were carried out by 27 primary care trusts in England. Of the 607 volunteers, 387 took part in the examination and 427 in the questionnaire. (36) Of those examined 5% were edentate, had no natural teeth compared to 6% in the Adult Dental Health Survey (ADHS) (2009) where 11,390 adults were interviewed and 6469 examined. (37) Additionally, 8% of adults with learning disabilities had one or more PUFA signs (pulp involvement, ulceration, fistula, abscess) compared to 7% in the ADHS. (36,37) However, fewer adults with learning

disabilities reported brushing their teeth twice a day (63%) compared to 75% in the ADHS. (36,37)

In 2014, the NDEP survey was delivered in special support schools with children aged 5 and aged 12 (38). Nationally, of the 5-year-olds participating in the survey 22.5% had experienced dental decay, with an average of 3.90 primary teeth that were decayed, missing or filled. The report highlighted that the experience of dental decay was slightly lower than for children attending mainstream school but for those that have tooth decay the number of teeth affected was higher. The children attending special support schools were also twice as likely to have had one or more teeth extracted compared to their peers in mainstream school. (38) Data is not available at a local authority level, the lowest geographical level is Avon, Gloucestershire, and Wiltshire (AGW) where 12.5% of 5 years olds had experience of dental decay, lower than the England average with a similar number (3.4) of teeth affected.

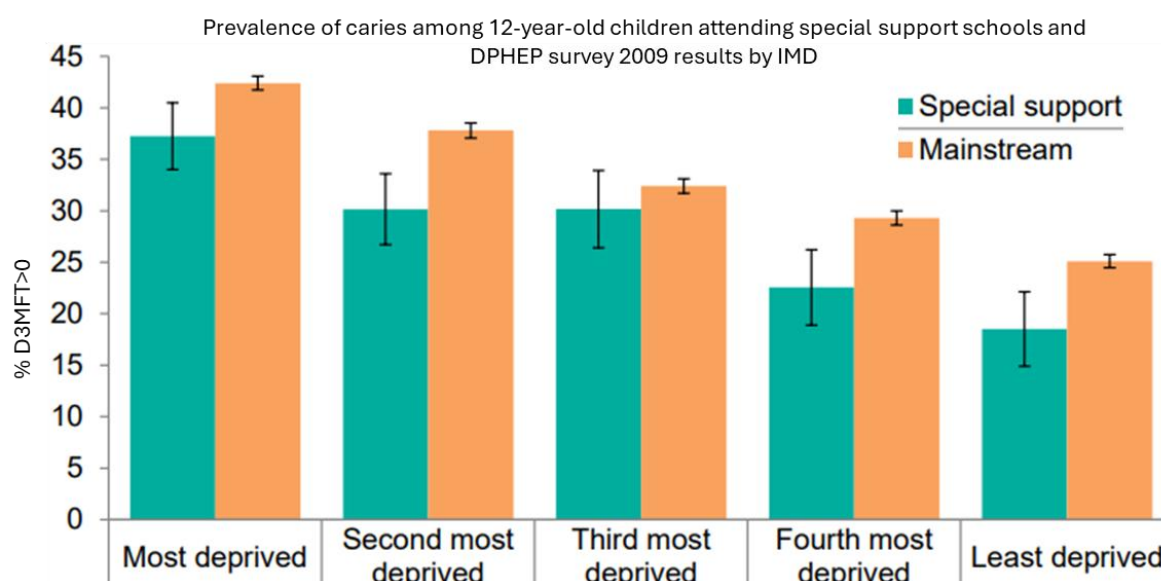
This survey found that the association of higher prevalence of tooth decay in areas of higher deprivation reported in the mainstream school surveys was not evident in the special support school survey. There was no statistical difference in the prevalence of tooth decay among 5 year olds in special schools based on deprivation. (38) (figure 26)

Figure 26



However, among 12 year old participants a stronger pattern was emerging of an association with deprivation. (figure 27)

Figure 27



Of the 12-year-old children in England who participated in this survey, 29.2% had experienced dental decay with 2.37 adult permanent teeth affected (decayed, missing or filled). Overall, prevalence of decay was lower than children attending mainstream school but those with experience of decay had on average more teeth affected. At the AGW geography the prevalence of tooth decay experienced was similar to England at 29.5% with a similar number (3.08) of teeth affected. (38) Although the majority of participating children were able to be examined in their school setting a proportion were not indicating that some children may need specialist services for dentistry.

This survey also considered whether there was a difference in tooth decay experience associated with the type of disability but concluded that there were no strong or consistent patterns. However, for 12 year olds the prevalence of decay and untreated decay for children with behavioural and social disabilities was higher than other groups.

However, out of the 149 upper-tier local authorities who took part in the survey, only 14 had enough 5-year-old children and 55, enough 12-year-old children to produce reliable estimates of prevalence at a local authority level, therefore data was only available at larger geographical levels. (38)

Looked after children and care leavers (care experience)

In the reporting year 2024/25, 207 0–18-year-old children in South Gloucestershire were looked after by the Local Authority. (39) When considered by rate of population, this equates to 33 children per 10,000. (40) This figure and rate of population is lower than England (67 per 10,000) and the South West (62 per 10,000). (figure 28) According to the national dataset 122 South Gloucestershire children left care by the end of the year (41) and 109 joined care provision by the end of the year. (42) The rate of children being looked after also appeared to be rising at all geographical levels, however, there has been a decline in South Gloucestershire during recent years. (39)

Figure 28 (40)

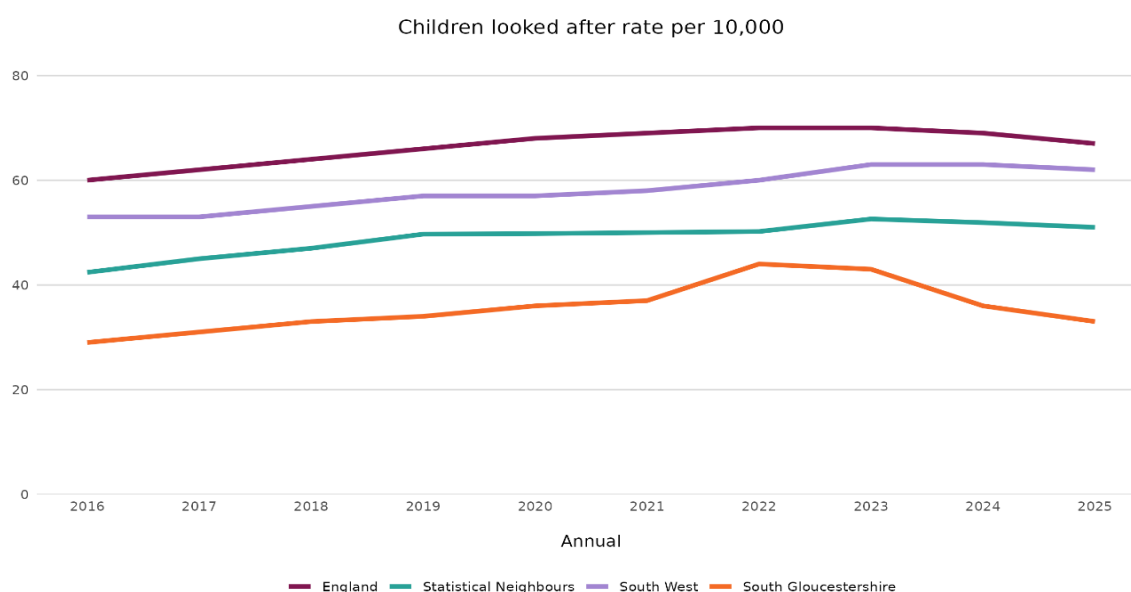
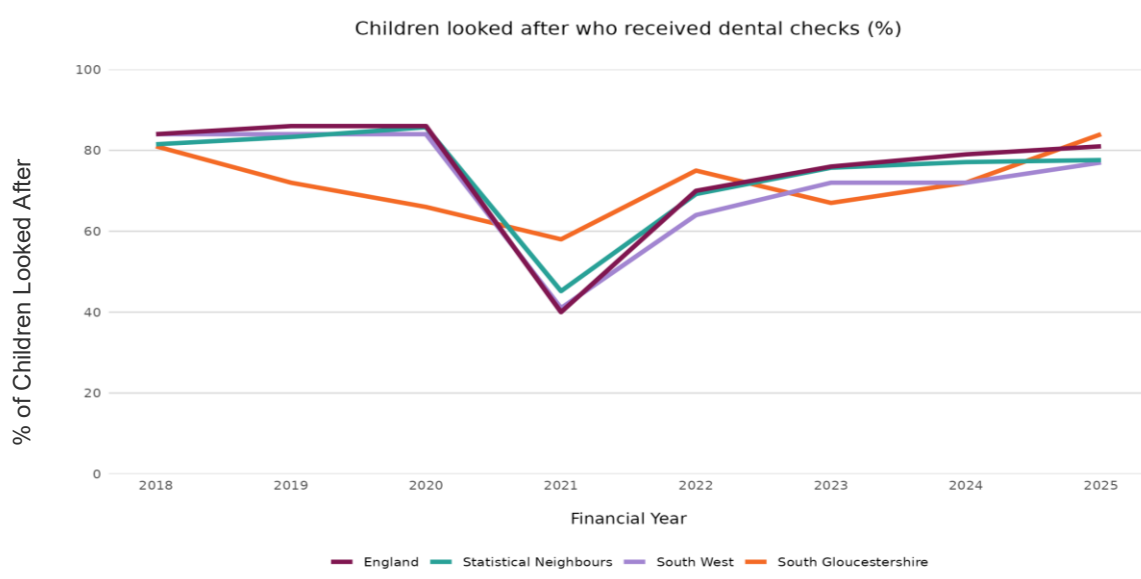


Figure 29 (43)



There are many indicators on the outcomes for looked after children, one of which is the percentage who have had a dental check. (43) This means having teeth checked by a dentist, twice a year for children under the age of 5 and once a year for children over 5. Prior to the pandemic, provision in South Gloucestershire was lower than England and the South West. It is reasonable to consider that the drop in provision during 2020 – 2022 may have been due to the covid-19 pandemic. (figure 29)

Table 3: Percentage of looked after children having (2025) (43, 44, 45)			
Geography	Dental Check	Immunisations up to date	Health Check
South Gloucestershire	84%	91%	90%
South West	77%	83%	90%
England	81%	84%	90%

However, in 2025, the percentage of looked after children having a dental check was slightly higher than the national and regional coverage. Despite the increase from the previous year (72% in South Gloucestershire for 2024), further investigation is needed to understand why the percentage of dental checks are lower locally, regionally, and nationally than the completion of up-to-date immunisations and health checks. (43, 44, 45)

In late 2024, BNSSG ICB commissioned 2 dental practices to provide dental services for looked after children or children in care who do not have an existing dentist. Access to this service was arranged through a health professional who would arrange the appointment. This service has since been extended, now provided by a single dental practice within Bristol.

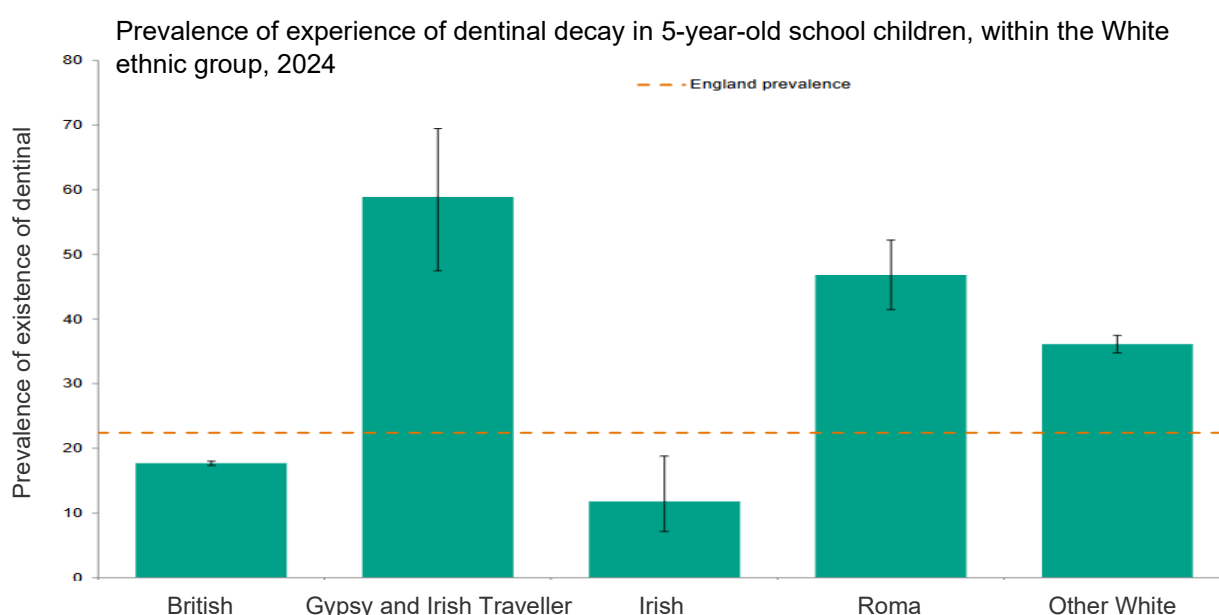
Gypsy, Roma, and Traveller populations

South Gloucestershire has two authorised sites with 39 residential plots towards the North of the area. Residents are supported by a dedicated team within the local authority, working with approximately 150 families in authorised sites, private sites, and housing. The 2021 census identified that 443 (0.15%) South Gloucestershire residents were of Gypsy or Irish Traveller ethnicity and 373 (0.13%) were of Roma Ethnicity. (46)

Insights gained from stakeholder colleagues highlight *that oral health is a top priority for resident families. However, access to dental care is a significant challenge, families are no longer registered with a dentist due to various barriers such as difficulty booking online appointments, missed appointments resulting from literacy challenges, a lack of understanding of the registration process or the consequences of missing an appointment. Plus, financial constraints prevent families from seeking private dental care.*

The 2023/24 NDEP survey among 5-year-olds indicated that nationally there was strong evidence that the percentage of children with any decay experience was statistically higher among White Gypsy/Irish Traveller and White Roma children compared to all children measured within the White ethnic group and England as a whole. (14) Due to smaller numbers this data is not available at local authority level and needs to be considered with caution.

Figure 30 (14)

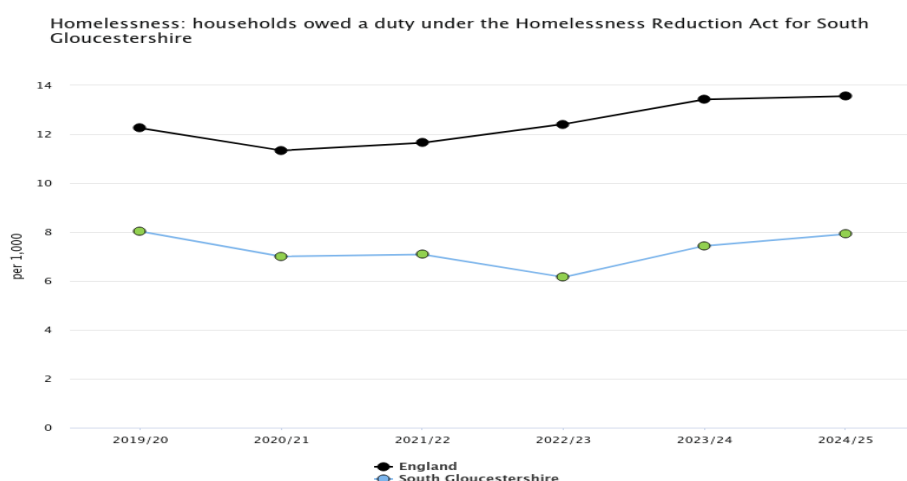


A similar pattern was evident from the 2020 NDEP survey among 3 year old children, in that children from the Gypsy or Irish Traveller group (26.5%) had a higher prevalence of dental decay experience than White British (8.4%) children but similar to White Irish and any other White (16.3%) background. (13) This was also mirrored in the 2022/23 NDEP survey among year 6 children, children from Gypsy and Irish Traveller (34.7%) and Roma (24.1%) groups had a higher prevalence of dental decay experience than White British (15.3%) children but similar to any other White background. (22%) (15)

Homelessness

The 2025 South Gloucestershire Homeless health needs assessment reports that *'Homelessness in South Gloucestershire is mainly concentrated among people experiencing housing instability'*. (47) There is a high demand nationally and locally for social housing and supportive services, greater than the services available. In 2022/23 2313 people approached South Gloucestershire Council with housing problems.

Figure 31 (48)



DHSC identify that the rate of households owed a duty under the Homeless Reduction Act in South Gloucestershire was consistently lower than England. (Figure 31) There is no local data available to highlight the oral health needs of people who are homeless in South Gloucestershire.

Of the reasons for homelessness, end of a private tenancy and family no longer wishing to accommodate them are among the most common. According to the Ministry of Housing, Communities and Local Government (MHCLG) there were 7 people sleeping rough in South Gloucestershire during September 2025 (49) Homelessness and housing instability can greatly impact health; likewise poor health can also be a driver of homelessness. (47)

The Groundswell charity research study into the oral health of people experiencing homelessness in London found that oral health among this population was poor. (50) Since becoming homeless 90% of respondents experienced oral health issues such as bleeding gums (56%) pain (60%) and holes in teeth (46%) as well as having lost teeth (70%) including removing them themselves. Homelessness also impacted the ability to access healthy food; the resources needed to maintain good oral health and access to dentistry. (50) In this study 35% of respondents reported brushing their teeth twice a day, compared to the 71% of adults in the 2023 oral health survey. (23)

Prison population

There is no local data available on the oral health of the prison population in South Gloucestershire. There is some discussion that the oral health needs of the prison population may be higher than the general population. (51) It does not appear to be clear whether the needs are present before entering or whilst being in the system. (52) One study identified that people on probation (32%) were less likely to have seen a dentist in the last year than the general population (44%) (53)

Dental Anxiety and Phobia

In the 2023 adult oral health survey 19% of respondents reported fear of the dentist was a factor for not attending the dentist at least once every two years. Use of a dental anxiety scale for certain dental procedures or situations such as sitting in the waiting room or having teeth drilled indicated that 40% of participants had moderate anxiety and 15% severe anxiety. The survey reported that dental anxiety was more prevalent among women than men, increased with area deprivation and decreased with household income. There is no data available for dental anxiety at a local level. (27)

Refugees and asylum seekers

The needs assessment for Asylum Seekers and Refugees in BNSSG (2025) stated that access to dentistry and the inability to get an appointment was reported repeatedly during the engagement phase for the assessment. (54) It further reported that dental problems were one of the most common health issues for children, and that for this population, risk factors for developing tooth decay include previous access to dentistry, exposure to fluoride and diet. However, we do not know about the oral health needs or outcomes of this population.

Insights gained from stakeholder colleagues highlighted that *access to dental services locally was one of the most common complaints from refugee groups, this was in both hotel and dispersed accommodation.*

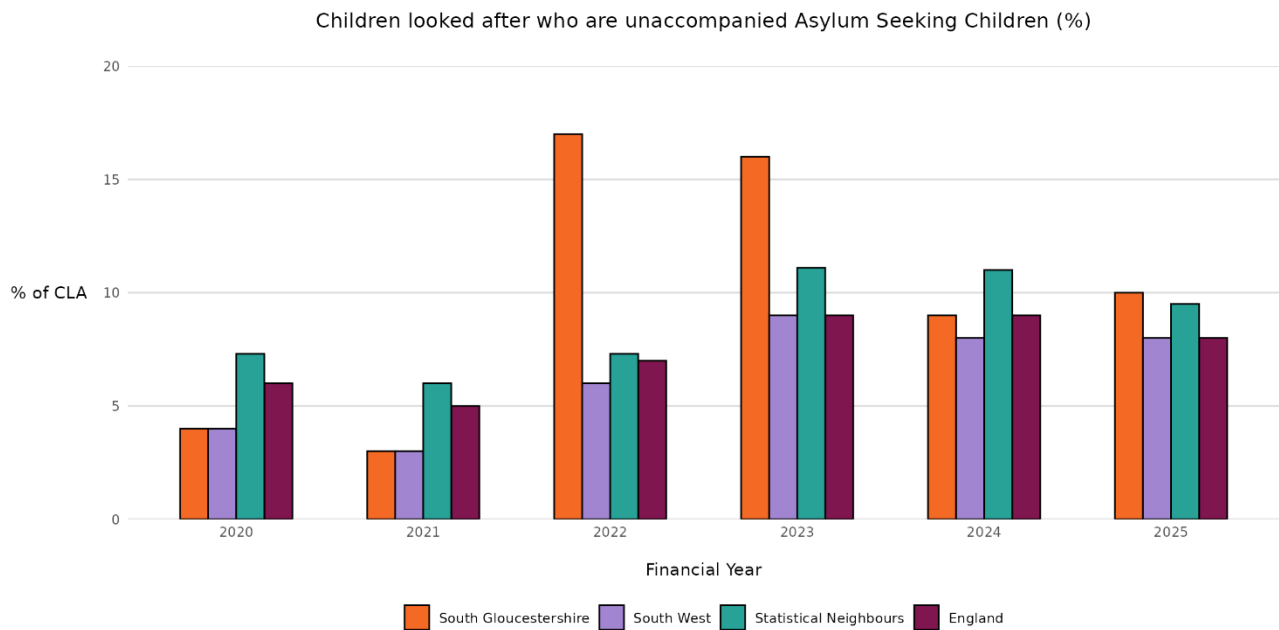
The Local Authority interactive tool reports the number of unaccompanied children seeking asylum over several years. (55) In recent years, the number has risen in all geographical

areas table 4 and figure 32 illustrates the percentage of unaccompanied children seeking asylum who are looked after has risen substantially in South Gloucestershire since 2022.

Table 4 (55)

Area	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
South Gloucestershire	6	13	15	8	8	8	53	53	27	30
South West	100	240	300	260	240	200	400	630	560	520
England	4340	4700	4560	5150	5080	4150	6580	7410	7440	6540

Figure 32 (55)

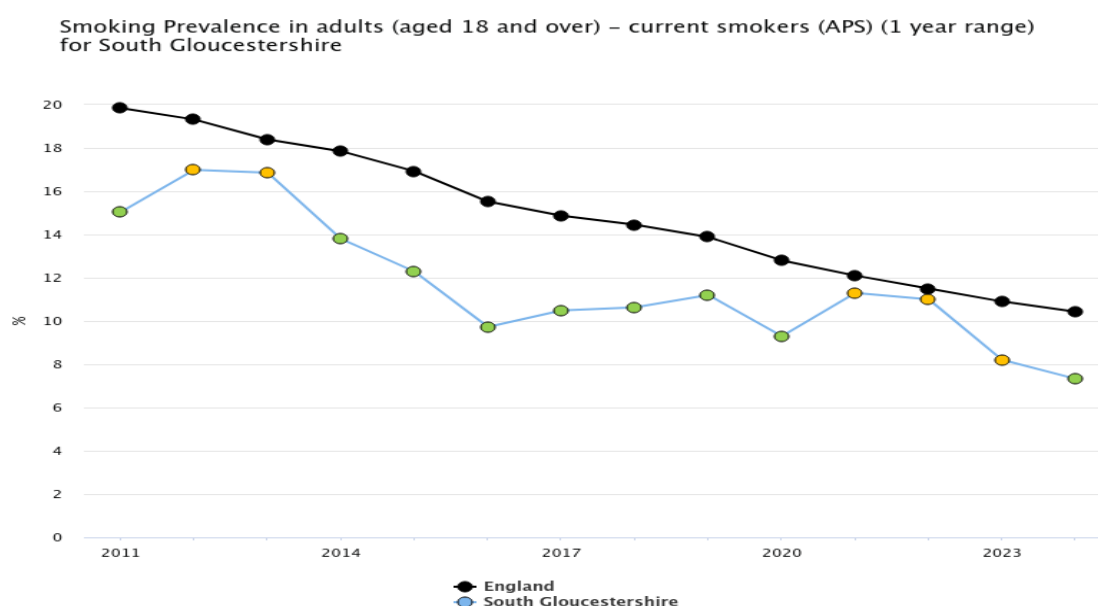


Risk Factors that affect oral health

Smoking

Data recently released reported that the 2024 prevalence of smoking among the South Gloucestershire population aged 18 and over was 7.3%. (64) This is statistically lower than the England prevalence, 10.4%, and whilst there is evidence that it is also lower than the South West, 10.3% it is not statistically lower. The prevalence in 2024 appears to be lower than for many years previous, this is the case for South Gloucestershire and England as a whole, both following a decreasing trajectory. (figure 33)

Figure 33 (56)



In a chapter on smoking and tobacco use DHSC (2025) outline that all forms of smoked tobacco present a major risk to oral health. (57) The most significant risks being for oral cancer and periodontal disease. (23) The 2021 Adult oral health survey reported that smokers were more likely to report that their gums bled (34%) than previous smokers (27%) and never smokers (25%) Current smokers (24%) and previous smokers (23%) reported that they had been told by a dental health professional that they had gum disease compared to never smokers (16%) (24)

Substance use

Whilst there are no safe limits, regular high consumption of alcohol increases the risk of mouth cancer, exponentially so when coupled with smoking.(58) In 2023/24 South Gloucestershire had a higher rate of admission episodes for alcohol related conditions than the South West region and England. (6) However, the rate of alcohol related mortality in 2024 was statistically similar to England. (6)

The Adult oral health survey (2021) illustrated the effects of alcohol on oral health. An increase in alcohol consumption was associated with fewer natural teeth and an increased number of fillings and crowns. (24) The frequency of alcohol consumption was associated with a diagnosis of gum disease by, 17% among those drinking 2 to 4 times a month compared to 25% of those drinking 4 or more times a week. (24)

It has been reported that Methadone, is available in both sugar free and sugar-based versions, however the sugar-based version is most often used. Concerns have been raised about the potential impact on dental health, however more research is needed in to this link. (4)

Insights gained from stakeholder colleagues reported *that anecdotally service users have struggled to access NHS provision and the nature of their substance use has accelerated poor oral health.*

Oral Cancers

Maintaining good oral health can help to prevent oral cancers. Daily toothbrushing, regular dental attendance and having fewer missing teeth are associated with a reduced risk of mouth and oropharyngeal cancers. (58) As previously outlined tobacco use and alcohol intake are associated with an increased risk of oral cancer.

Figure 34

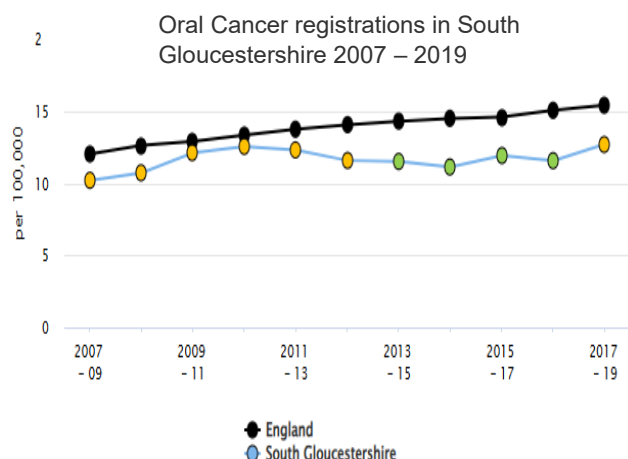
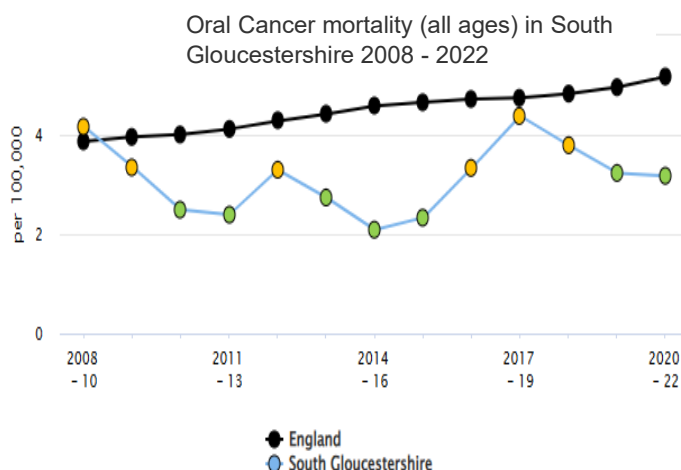


Figure 35



Figures 34 uses the most recent data available to illustrate that the rate of oral cancer registrations in South Gloucestershire were lower than the rate in England, there is also strong evidence to suggest that this has been the case for several years. (59) The picture is the same for the mortality rate from oral cancer; there was strong evidence in 2020/2022 to suggest that the mortality rate in South Gloucestershire is lower than the rate for England. (59, figure 35) We know that nationally, the mortality rate for oral cancer is higher in the most deprived areas than the least deprived areas, (59) this mirrors the prevalence of smoking and alcohol related mortality which are also greater in more deprived areas of the country than the least deprived areas. (6)

HPV

One of the risk factors for oral cancers is Human Papilloma Virus (HPV), a group of viruses that can be a cause of head and neck cancer. A vaccination for HPV is available to eligible populations. The rate of vaccination among 12–13-year-old females in South Gloucestershire for a single dose of the HPV vaccination (73.5%) in 2023/24 was similar to the England average (72.9%). For males, the rate in South Gloucestershire for a single dose (70.8%) was higher than the England average (67.7%) However, all are below the 90% target coverage. (60)

Food and Diet

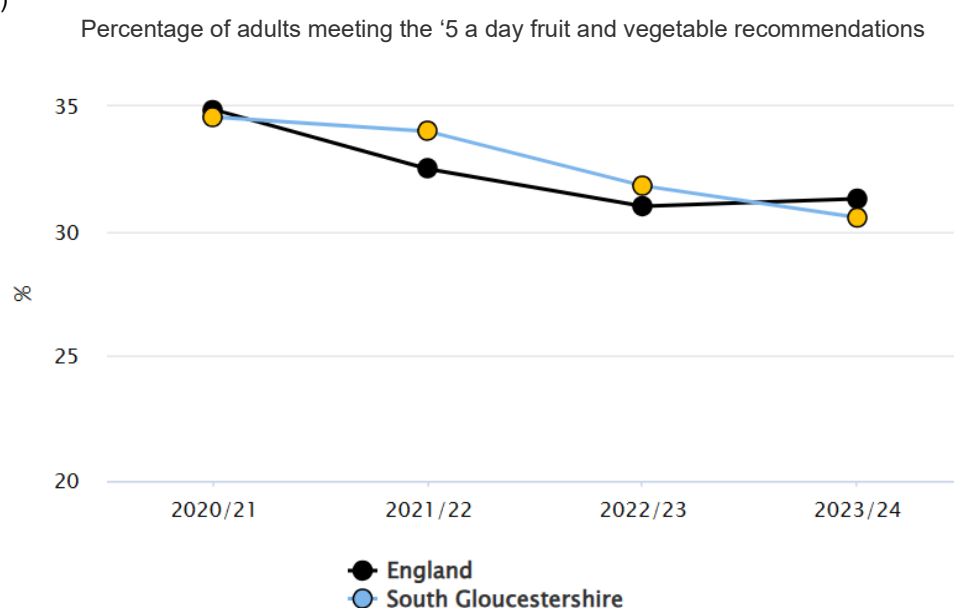
It is widely reported that as a population we consume too much sugar, which can be associated with both weight gain and the risk of dental caries. Some food and drinks are better for oral health than others and reducing our intake could have improvements for oral health. We know from the OPS data that children who brushed their teeth twice or more a

day were statistically more likely to drink water and eat fruit and vegetables yesterday than those children who brushed their teeth once or less a day.

Children, eligible for free school meals reported being less likely to brush their teeth twice a day, these children were also more likely to have eaten sweets and less likely to have eaten fruit and vegetables yesterday compared to all respondents.

Data from 2023/24 indicates that nationally 31.3% of adults consume the recommended 5 portions of fruit and vegetables a day, this is similar to the percentage in South Gloucestershire of 30.3%. (61) Whilst not significant the percentage appears to have decreased in recent years both locally and nationally. (figure 36)

Figure 36 (61)



We know that being above a healthy weight is associated with deprivation, as is the prevalence of tooth decay. Analysis published by PHE in 2019, compared data for the National Child Measurement Programme (NCMP) and the NDEP survey for 5 years olds and found that after controlling for deprivation, ethnicity, and water fluoridation the prevalence of dental caries was significantly higher among 5 years olds who were above a healthy weight. (62)

Poverty

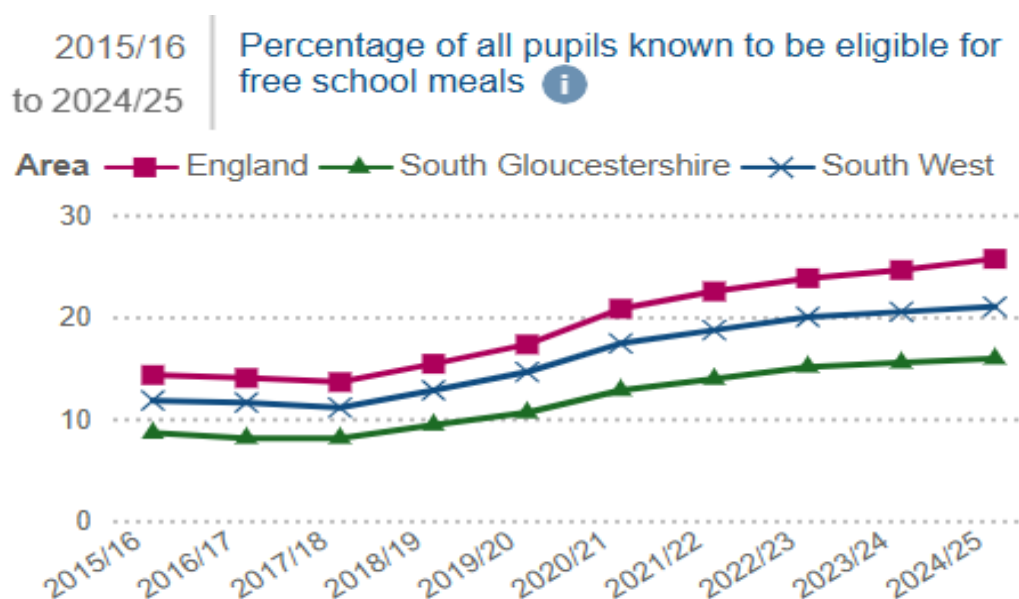
The 2025 Indices of Deprivation (IMD's) Income Domain measures the proportion of the population experiencing deprivation relating to low income*. This highlights that 14.2% of the population in South Gloucestershire are experiencing income deprivation, this however is lower than the South West (18.4%) and England (23.2%) values. (7) * The government published data is income calculated before housing costs are considered)

This can be further analysed using the 2025 Income Deprivation Affecting Children Index (IDACI) and 2025 the Income Deprivation Affecting Older People Index (IDAOPI). Although, lower than the South West (29.8%) and England (36.3%) values, 24% or almost 1 in 4 children aged 0-15 in South Gloucestershire are living in income deprived families. (7) The

proportion of all people aged 60 and over who are income deprived in South Gloucestershire (9.7%) is also lower than the South West (13.5%) and England (18.6%). (7)

Our Children, Our Future: Tackling Child Poverty (2025) reported that the rates of child poverty have increased. The challenge today however is that almost three quarters of children living in poverty are from working families. (63) In South Gloucestershire, approximately 13% of under 16's are living in a relative low-income family (6). We know from data that the percentage of pupils eligible for free school meals continues to rise, although the percentage remains lower in South Gloucestershire than England and the South West. (figure 37)

Figure 37 (6)

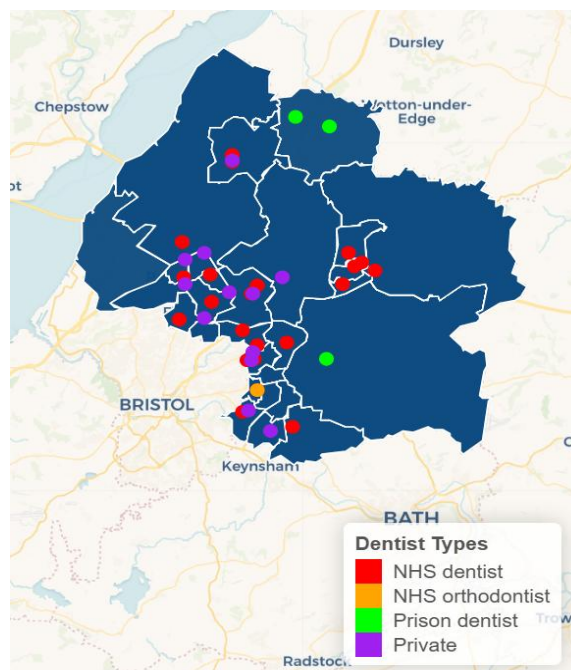


The Darzi report (2024) highlighted that worsening poverty has given a rise to food insecurity. (12) Resulting in the supply of food parcels from the Trussell trust being at its highest in 2023/24. The effects of the cost of living on food prices have been well documented and can affect the nutritional content and quality of food purchased and consumed. Certain foods and drinks, such as those high in sugar and carbonated and acidic drinks can be more erosive to teeth. (64)

Access to Dentistry in South Gloucestershire

The Darzi report (2024) reported that nationally only 30% of NHS dental practices are accepting new child registrations and 40% new adult registrations. The report called for urgent action to develop a contract which is fit for purpose for everyone, highlighting that there are enough dentists in the country just not enough willing to do NHS work. (12)

Figure 38



In South Gloucestershire there are a total of 38 dentists or orthodontist practices. Of these practices, 23 accept NHS patients, 12 are private and 3 are prison dentists.

Of the 28 wards on the map, (figure 38) there are 11 wards without an NHS dentist, meaning residents in these areas would need to travel to neighbouring areas to receive dental treatment.

According to the NHS website to find a dentist only 2 dental practices in South Gloucestershire were accepting new adult NHS patients. Another 2 practices were only accepting children 17 and under, and 3 other practices which are only taking on NHS specialist referrals, such as urgent or orthodontic care. (accessed August 2025)

Figure 39

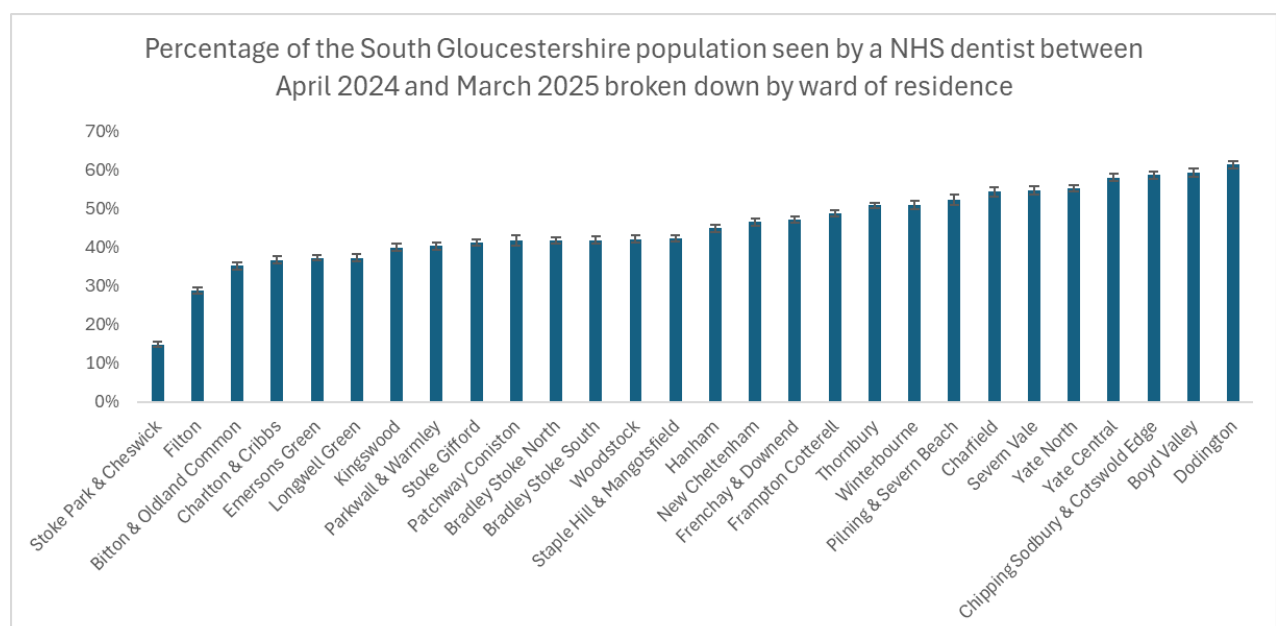


Figure 39 illustrates the percentage of the South Gloucestershire population seen by an NHS dentist between April 2024 and March 2025 based on their ward of residence, illustrating that activity is higher in some wards than others, (65) This however needs to be considered against the proximity of high street dentistry and ward demography e.g. age breakdown and population size. The NHS Business Service Authority reported that during 2024/25 based on contract location 34% of adults in the previous 24 months and 46% of children in the previous 12 months were seen by an NHS dentist located in South Gloucestershire. However, when based on patient location (postcode) access increases to 41% of adults in the previous 24 months and 59% of children in the previous 12 months. This may indicate that South Gloucestershire residents are attending dental practices outside the area. (65)

For every 1 dental practice in South Gloucestershire (excluding prison dentists), there are 1794 children aged 17 and under that need dental care. However, if we restrict that to only practices that take NHS patients, the ratio then becomes one practice for every 2854 children. Contract level data showed that on average only 1,225 patients were seen per South Gloucestershire NHS practice between May 2024 and April 2025, this highlights the limited availability of dental practices for children in South Gloucestershire.

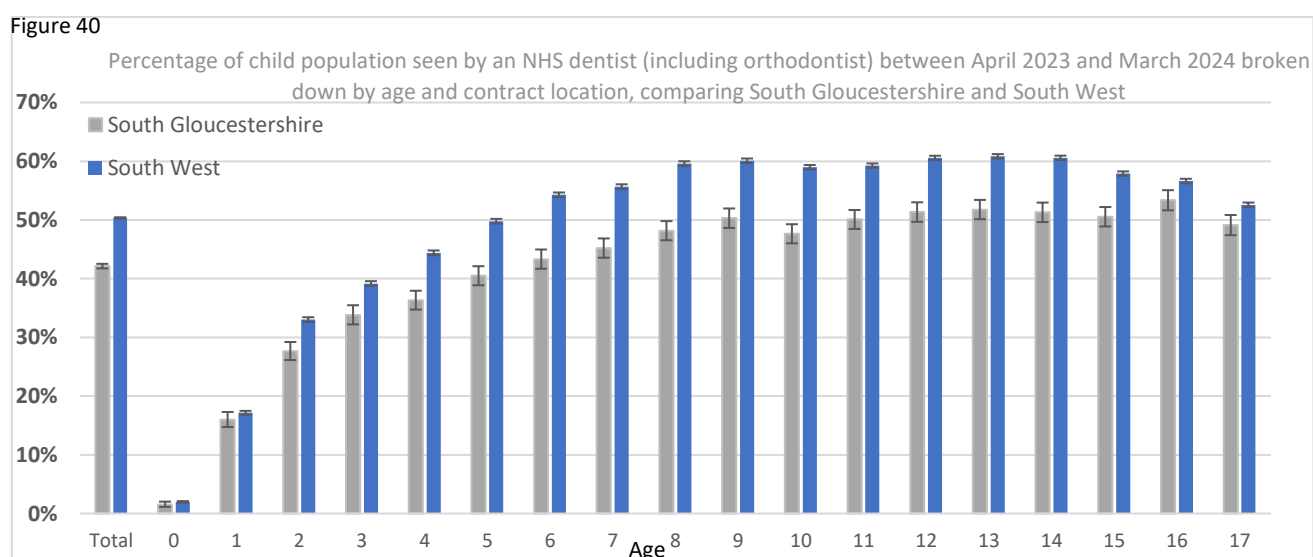


Figure 40 illustrates the percentage of South Gloucestershire children seen by an NHS dentist (including orthodontist) between April 2023 and March 2024. There is strong evidence that fewer children in South Gloucestershire were seen in comparison to all children living in the South West, this is the case for all children overall and for the ages analysed between 2 and 17 years. There is also strong evidence that more older children were seen than younger children. As intelligence from the NDEP surveys illustrate children are presenting with experience of dental decay at the age of 3, there is a clear need for oral health prevention messages in the early years.

In February 2025, the Government announced the rollout of a further 700,000 extra urgent dental care appointments nationally. For BNSSG, this equated to a target of an additional 19,076 urgent care appointments. Meaning that people in need of urgent treatment could contact NHS 111 and be supported to access care.

A Healthwatch report 'I don't buy apples anymore' provided survey insights on the experiences of almost 500 BNSSG residents in accessing NHS dental care across the area, 67% of respondents answered that they do not currently have an NHS dentist. (61) Feedback compiled by healthwatch over two years outlined the lack of available appointments, closure of NHS dental services, deregistration from services, (particularly during the pandemic) and travel difficulties were barriers to accessing dentistry. (66)

In 2025, 8169 BNSSG residents responded to the GP patient survey identifying that 51% of respondents had tried to access NHS dentistry in the past 2 years, 82% of whom contacted a practice they had attended in the past. (65) Of those people, 70% were able to get an appointment, however for those that hadn't tried to get an NHS dental appointment 31% reported that they didn't think they would be able to get one. (67) This highlights the need for clearly promoted routes to inform residents how to access services.

Strategic context and local policy

Dental care is commissioned by the ICB and provided by urgent, community and domiciliary dental care services, general dental practices, hospital-based dental specialties, and university dental schools. Whereas oral health improvement is commissioned on behalf of local authority Public Health teams and provided in BNSSG by United Hospitals Bristol and Weston (UHBW) Community Dental Service (CDS). Local authorities are statutorily required to provide or commission oral health improvement programmes appropriate to their areas and oral health surveys. However, many other services have a role in oral health, for example homeless service providers, adult social care settings, prison health, early years settings and schools, drugs and alcohol services, and foster carers. (68)

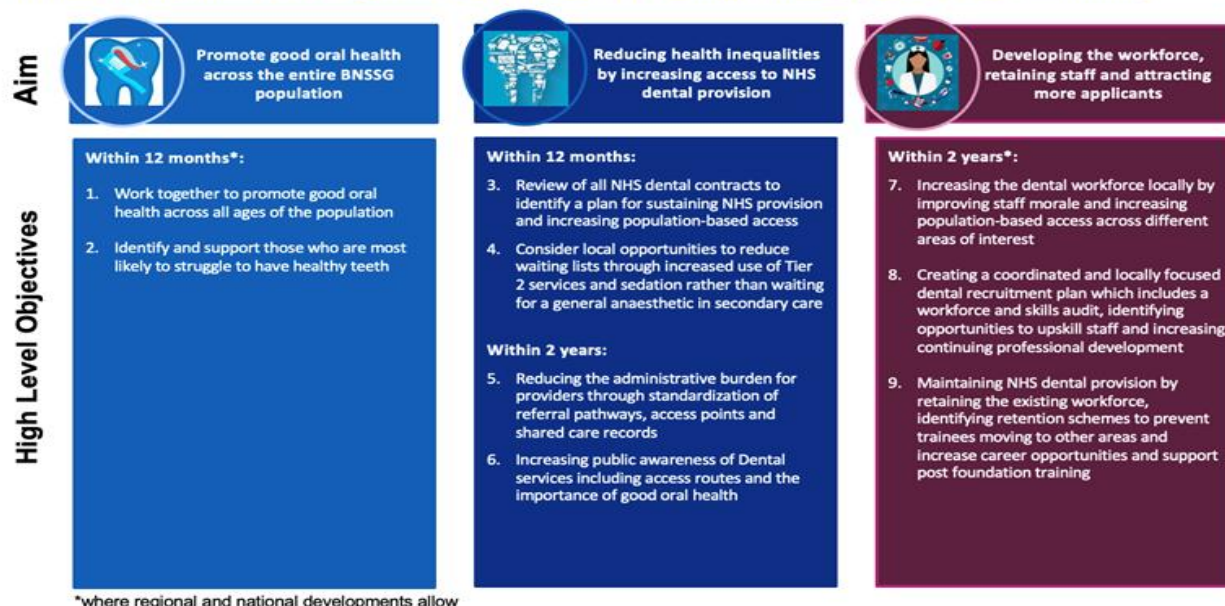
In 2021, the South West Oral Health Needs Assessment and summary report were published which highlighted future oral health priorities. (10) In the BNSSG area one of which was the targeting of resources/interventions to areas of higher deprivation, such as:

- supervised toothbrushing for schools and nurseries in areas where children are at high risk of poor oral health.
- provision of toothbrushing packs.
- targeting of oral health programme for vulnerable groups such as the substance misusing population, homeless, traveller and gypsy community, older people, migrant communities, and those socially isolated.
- Developing the capacity of the oral health improvement workforce. (69)

The BNSSG Oral Health and Dental Strategy 2024-2027 sets out aims and objectives of promoting good oral health, reducing inequalities in oral health, improving access to dentistry and workforce development and retention. (70) (figure 41)

Figure 41

BNSSG Integrated Care System – Oral Health & Dental Strategy 2024-2027 Summary



*where regional and national developments allow

Current Interventions

Oral Health Improvement

Local authorities have a responsibility for oral health improvement. This includes the delivery of oral health surveys and oral health promotion. This is commissioned on behalf of the local authorities within BNSSG to the CDS, however capacity within the service has meant that delivery has been reduced for some time now.

First Dental Steps (FDS)

First Dental Steps is a universal programme to provide education and a toothbrushing pack to all families with children between the ages of 0-2 years old. This was borne from a pilot study in the South West of which South Gloucestershire Council took part and has been subsequently commissioned and funded by ICB's from April 2024 onwards. (71)

In South Gloucestershire, the intervention is delivered at the 9–12-month mandated review with a high proportion of families receiving packs and oral health guidance. Between November 2024 – October 2025, 2667 packs were given to families which equates to 96% coverage. High numbers of families (2408) also received oral health advice and guidance at the 2 - 2 1/2 mandated review. Combined, this meant over 5,000 South Gloucestershire families were supported to care for their child's teeth and embed good oral health hygiene behaviours.

Supervised toothbrushing

Supervised toothbrushing is a regionally commissioned programme across the South West, mobilised in South Gloucestershire in March 2024. This programme was offered initially to all primary schools followed by early years settings in IMD areas 1-6. Additional settings in South Gloucestershire have been selected based on their receipt of pupil premium also. It

enables children aged 3-5, supervised by trained school staff to brush their teeth daily, whilst in the setting.

Special Educational Needs and Disabilities (SEND) schools with children aged 3-5 have also been invited to participate in the programme. As the eligibility for the scheme was for children aged 3-5 only SEND schools with pupils in these years groups have been invited currently. However, where SEND schools have been invited the offer has been extended to allow all age groups in attendance to brush whilst in the setting. Insights from stakeholder feedback is a wish to see all SEND schools able to engage in supervised toothbrushing.

The programme has generally been well accepted by school staff and families:

I think this is a great scheme. I can only brush my child's teeth for a few seconds each day, so any other opportunities in his day to 'normalise' teeth cleaning is very much appreciated (parent/carer SEND school)

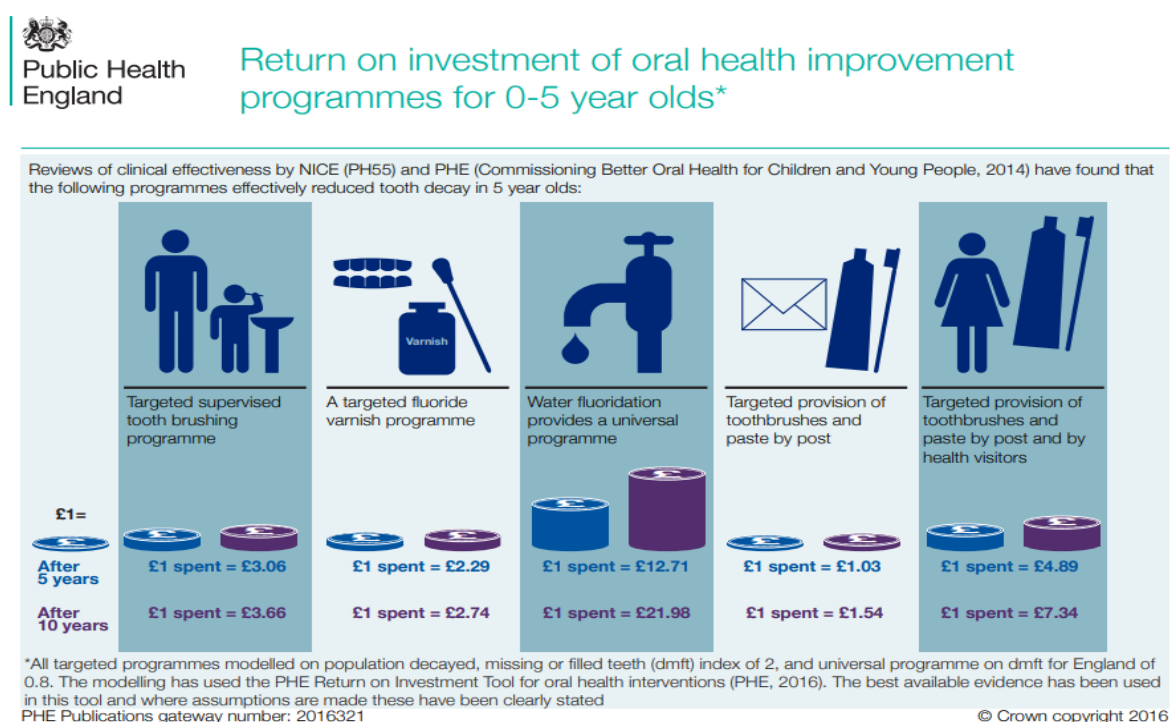
This programme at school has helped making brushing his teeth easier at home as it was a battle before (parent/carer primary school)

Children are very excited! Parents are on board and keen for their children to be a part of the scheme too. (primary school staff)

In March 2025, the government announced additional funding for local authorities to implement supervised toothbrushing to all children living in an IMD 1-2 area. For areas with existing provision this funding can be used to ensure that all eligible children are brushing or to extend the programme to other ages groups, areas, or vulnerable populations.

PHE developed an infographic (figure 42) illustrating the cost effectiveness of oral health interventions for children aged 0-5, both supervised toothbrushing and distribution of toothbrushing packs have been shown to be beneficial. (72)

Figure 42



Key Findings

Children

- Across all age groups in the most recent NDEP surveys among children and young people, the **prevalence of dental decay experience in South Gloucestershire is lower than the national average**. However, in both the 5-year-old survey (2024) and year 6 aged survey (2023) of those children who had experience of dental decay **the severity (i.e. number of teeth affected) was similar to the national average**. This finding was not available for the 3-year-old survey (2020) and was lower in South Gloucestershire for the 12-year-old survey (2009).
- It could be reasonable to infer from the NDEP survey data that the **prevalence of dental decay among children in South Gloucestershire is falling**, this can be seen more clearly among the national and local 5-year-old data sets. However, participation numbers are small, therefore it is not clear how representative this is of the local authority.
- The NDEP surveys highlighted that nationally **children who identified as Other ethnic group and Asian or Asian British had higher prevalence of dental decay** experience for 3 year olds, 5 year olds, and year 6 age children (10-11 year olds) than all other groups analysed (where ethnicity was known). This remained for 5 year olds when deprivation was accounted for. Given that this inequality is present across all three age groups surveyed, it needs to be considered whether is any structural discrimination in services and our efforts to promote oral health.
- Nationally, there was an **association between experience of dental decay and deprivation**. In the NDEP 3 year old survey, 5 year old survey and 10-11 year old survey children living in the most deprived areas had higher prevalence of tooth decay experience than children living in the least deprived areas.
- The 2014 NDEP survey reported 5 year old **children attending a special support school had slightly lower prevalence of tooth decay** experience than 5 year old children attending a mainstream school. However, compared to their mainstream school peers 5 year old children attending special support school had a **higher number of teeth affected and were twice as likely to have had one or more teeth extracted**. There was also no association evident between experience of tooth decay and deprivation in this cohort.
- Again, in the 2014 NDEP survey among 12 year olds attending special support schools prevalence of decay was **lower than children attending mainstream school but those with experience of decay had on average more teeth affected**.
- The Online Pupil Survey identified over 16% of respondents, **almost 2,000 children answered that they brush their teeth less than the recommended twice a day**. Primary aged pupils were least likely to brush their teeth twice a day than all other aged pupils. Biologically female pupils (87%, n= 5256) were more likely to brush their teeth twice a day than biologically male pupils (80%, n= 4598). Children reporting an eligibility for free school meals were less likely to brush their teeth twice a day (74.3%, n= 895) than all South Gloucestershire school pupils (83.3%, n= 9954).

- Furthermore, the OPS identified that **primary school pupils (82.5%, n= 4372) are less likely to have visited the dentist than all South Gloucestershire pupils (84.2%, n= 9650)** with secondary school pupils (85.9%, n=4755) more likely to have visited. There is strong evidence of more females (85.9%, n= 5024) having visited the dentist in the last 12 months than males (82.8%, n= 4519). As well as evidence that children eligible for free school meals (75.0%, n= 876) were less likely to have visited the dentist compared to all South Gloucestershire school pupils (84.2%, n= 9650) and were also more likely (6.9%, n= 81) to report that they had never visited a dentist compared to all South Gloucestershire School pupils (3.6%, n= 418).
- When compared to all South Gloucestershire pupils (84.2%, n= 9650), there is evidence that **pupils identifying as White British (87.0%, n= 7196) are more likely to have visited a dentist in the last 12 months and pupils identifying as Asian (75.7%, n= 504), Black (66.1%, n= 232), and Other ethnicities (69.2%, n= 350) are less likely to have visited a dentist in the last 12 months.** Furthermore, those identifying as Other ethnicities (14.2%, n= 72) and Black (12.0%, n= 42) are more likely to have never been to the dentist, than all South Gloucestershire pupils (3.6%, n= 418).
- Nationally the **most common reason for a hospital admission among 5–9-year-olds continues to be tooth decay**. In South Gloucestershire, 5-9 years olds have the highest rate of tooth extractions among 0–19-year-olds. Although these are smaller numbers there is evidence that the crude rate of **hospital admission among 6-10 years olds in South Gloucestershire is higher in the more deprived areas than the least deprived areas.**
- There is strong evidence that **between 2019 and 2023 the rate of hospital admissions due to decay for 0–10-year-olds living in the most deprived wards in South Gloucestershire were higher than in the least deprived wards and South Gloucestershire as a whole.** Not only was the rate in the least deprived wards lower than the most deprived wards it was also lower than South Gloucestershire as a whole. The rate in the most deprived wards was almost double that of the least deprived wards.
- There are some limitations identified with the coding for categories of tooth extractions, further work is needed to review this.

Adults

- In England **71% of adults brush their teeth the recommended twice a day, meaning that over a quarter of the population are not following an effective oral health hygiene routine.** These behaviours are also associated with deprivation, where in the most deprived quintiles this reportedly decreased to 56.7% compared to 80.1% in the least deprived quintile. Nationally, this represents a drop in twice daily toothbrushing from 77% in the 2021 Adult Oral Health Survey.
- Nationally, there is evidence from the Adult Oral Health Survey (2023) to suggest that the prevalence of tooth decay in adults is increasing. The survey reported a **13 percentage point increase in the prevalence of tooth decay** in dentate adults in comparison to 2009. As well as this there was a reported decrease from previous surveys on the frequency of toothbrushing.

- The 2016 NDEP survey among older adults living in supported housing (community living with some degree of support) reported that **89.5% of South Gloucestershire participants had visible plaque compared to 69.9% in England**. The most recent NDEP survey in 2025 was carried out in care home residents over the age of 65. At the time of writing this data was not yet available, publication is awaited.
- Nationally, older adults living in care homes had higher prevalence of untreated caries than older adults living in their own homes who in turn have a higher prevalence of untreated caries than the general adult population.

At risk population groups

- The percentage of looked after children in South Gloucestershire receiving a dental check in 2025 is lower (84%) than the percentage of children receiving a health check (90%) or for whom their vaccinations are up to date (91%). However, this is higher than it has been for several years.
- There is little data available for the oral health of Gypsy, Roma and Traveller groups. There is some data at a national level from NDEP surveys which indicated that 5-year-old children had a higher prevalence of dental decay experience compared to all other children measured within the White ethnic group. However, due to small numbers this was not available at a local level.
- The oral health survey data available for children in special support schools is over 10 years old and therefore may no longer be representative, this requires further consideration. Due to small numbers, data was not available locally although nationally the prevalence in both 5 year olds and 12 year olds was slightly lower than in mainstream schools, although the number of decayed teeth was higher. Across the AGW (12.5%) footprint the prevalence of tooth decay among 5 year olds was lower than England (22.5%) but with a similar number of teeth affected. In 12 year olds the prevalence across AGW (29.5%) was similar to England (29.2%) as was the number of teeth affected.
- It has been reported that in September 2025, 7 people were rough sleeping in South Gloucestershire and in 2022/23 2313 people approached South Gloucestershire Council with housing problems. There is no local data available to highlight the oral health needs of homeless people in South Gloucestershire, however, a report carried out in London highlighted that **since becoming homeless 90% of respondents experienced oral health issues**.
- **Stratified data is available for some protected characteristics (age, gender, ethnicity, and socioeconomics)** especially in the national surveys. However, there is little or no data found for others (disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief, sexual orientation, care experience and armed forces status,)
- Although there is some national and/or local data available for at risk population groups, there are **some groups for whom little is known about their oral health needs or outcomes** such as prison population, people with dental anxiety and phobias, refugees and asylum seekers, and those who are medically compromised.

Considerations

- There are some populations for whom there is **very little oral health data available** especially locally but also nationally (e.g. all adults, people with learning difficulties/disabilities, care experience, people who are homeless, Gypsy and Roma Travellers, prison population, dental anxiety and phobia and Refugees and Asylum seekers. For some groups the data available has not been renewed for several years.
- Data illustrates **inequalities** nationally among those who have **dental decay linked to for example deprivation, household income, sex and ethnicity**. Whilst these inequalities are likely to be seen locally, there is no local data available.
- There are clear **challenges outlined for access to NHS dentistry**, in 2024/25 41% of adults had seen an NHS dentist in the last 24 months and 59% of children were seen in the last 12 months. Meaning significant proportions of South Gloucestershire residents did not have access to NHS dentistry.

Recommendations

1. Continue to support the **commissioning and delivery of supervised toothbrushing and first dental steps**, working with ICB and BNSSG colleagues to target and expand provision, with a focus on reducing inequalities.
2. Explore options to provide oral health improvement support for **schools and settings not currently included** in funded programmes, by building on the existing supervised toothbrushing programme.
3. Explore existing gaps in data (quantitative and qualitative, including community insights) and **identify opportunities to improve oral health for adults and other at risk population groups**. Work with partners and services such as the corporate traveller unit, adult and children's social care teams for care home residents and older adults and looked after children.
4. Strengthen **local data quality and insight**. This includes exploring Hospital Episode Statistics tooth-extraction data including further review of coding — while also securing superuser access for future NDEP survey collections to enable deeper analysis of local needs in South Gloucestershire.
5. Continue to work with ICB colleagues who commission our statutory **oral health promotion offer** to ensure a strong focus on inequalities, at risk population groups and older adults including the training needs of the wider workforce.
6. Following the release of the **NDEP survey results for adults aged 65+ residing in care homes, PH to collaborate with adult social care** to assess any highlighted needs or potential opportunities. The regionally developed Care Home Oral Health Improvement Toolkit may be used to support this process if required.

7. Identify opportunities to **integrate oral health into wider public health programmes**, including smoking cessation and substance use services. Strengthen connections with the broader workforce and partners to highlight the impact of poor oral health on overall health outcomes.
8. Given the challenges identified in accessing NHS dentistry, **collaborate with BNSSG ICB to support and improve access for South Gloucestershire residents** including to the populations most at risk of poor oral health.

Relevant Literature

	Link to Document
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NHS England and NHS Improvement: Summary Oral Health Needs assessment. South West of England (2021)	https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/02/South-West-OHNA-Summary-Report.pdf
NHS England and NHS Improvement: Oral Health Needs assessment. South West of England: Appendix 4, Bristol, North Somerset, and South Gloucestershire STP Analysis (2021)	https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/02/SW-OHNA-Appendix-4-Bristol-North-Somerset-and-South-Gloucestershire-STP.pdf
Oral Health: Local authorities and partners (PH55) (last reviewed 2018)	Overview Oral health: local authorities and partners Guidance NICE
Oral Health for Adults in Care Homes (NG48) (2016)	Overview Oral health for adults in care homes Guidance NICE
Oral health promotion: general dental practice: NG30 (last reviewed 2018)	Overview Oral health promotion: general dental practice Guidance NICE
Delivering better oral health: an evidence-based toolkit for prevention (updated September 2025)	Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK
Smiling Matters: oral health care in care homes (2019)	Smiling matters: oral health care in care homes - Care Quality Commission
Smiling Matters: oral health care in care homes progress report (2023)	Smiling matters: Oral health in care homes - progress report - Care Quality Commission
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- 43) [Local Authority Interactive Tool \(LAIT\) - LA Level: South Gloucestershire, Percentage of CLA having Dental Checks](#)
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